





# NURSES IN PUBLIC HEALTH

DIVISION OF NURSING

in cooperation with the

Association of State and Territorial Directors of Nursing

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### **NURSES INCLUDED IN THE CENSUS**

- Registered and licensed practical nurses employed for public health nursing functions on January 1, 1968 by:
  - National agencies
  - State and local, official and nonofficial agencies
  - Boards of education
  - Hospital-based home care programs
  - Other community-based programs providing nursing services to persons outside of hospitals and other institutions
- Nurse faculty employed to teach public health in baccalaureate and graduate schools of nursing and in schools of public health

### **NURSES NOT INCLUDED IN THE CENSUS**

- Registered and licensed practical nurses employed for other than public health nursing functions by the national, State and local agencies listed above
- Nurse faculty in colleges, universities, and other schools of nursing except as indicated above
- Nurses employed by industries
- Students receiving public health nursing field experience with State or local agencies
- Nurses on educational leave on January 1, 1968.



## INTRODUCTION

THE EARLIEST known count of public health nurses in the United States was reported by Harriett Fulmer at the International Congress of Nurses in Buffalo, New York, in 1901. At that time there were 58 public health nursing organizations employing about 130 nurses. In 1912, Mary Gardner found that approximately 3,000 nurses were engaged in what we now call public health nursing. From 1916 to 1931 periodic enumerations of public health nursing agencies and the nurses they employed were recorded by the Statistical Department of the National Organization for Public Health Nursing. (1) Since 1937, the State Directors of Public Health Nursing and the Division of Nursing, U.S. Public Health Service, have systematically collected and compiled data about numbers and educational preparation of nurses employed for public health work in the United States. These data were reported annually from 1937 through 1943, then in 1945 and 1947, and biennially since 1960. Puerto Rico has been included in the count since 1942, the Virgin Islands since 1944, and Guam since 1964.

Within the past several years there have been rapid changes in the patterns of delivery of community health services and in the types of personnel providing these services. In order to document the concomitant effects on public health nursing, changes have also been made in the type of agencies included and characteristics of personnel reported in the survey. For example, due to the development of hospital programs for post-hospital care of patients in their homes, the Census of Nurses in Public Health was broadened in 1964 to include nurses employed in hospital-based home care programs. The early pattern of including only professional nurse staff has been altered and augmented by the addition of other professional disciplines and auxiliary nursing personnel. The survey in 1968, like the one in 1966, was conducted simultaneously with the survey of agencies providing nursing care of the sick at home, in order to permit some analysis of correlated attributes of the agencies and their nursing personnel.

The organization of data on educational preparation for this report is a departure from that of previous surveys in which public health nursing preparation and academic achievement were analyzed independently. This approach did not permit the differentiation of nurses who had both a degree and public health preparation from those with only one of these qualifications. In order to achieve an unduplicated count and to be able to compare

the different groups, data regarding the educational preparation of nurses in public health have been organized into mutually exclusive categories in this report.

Although all the tabulations and analyses of the survey data have been carried out by the Division of Nursing, many individuals and organizations contributed information to make the enumeration as complete as possible. Directors of Nursing of State Health Departments made the necessary arrangements with persons within their State and with local health agencies to have the survey data appropriately reported. In three States the essential information on school nursing personnel was secured directly through the State Board of Education. When verification of the data was necessary it was done either directly with the Director of Nursing of the appropriate State Health Department or through the Public Health Service Regional Nursing Consultant. The number and educational qualifications of public health nursing faculty and baccalaureate and graduate schools of nursing were furnished by the National League for Nursing. Therefore, this census of nurses, as in previous years, represents the joint efforts of numerous providers of public health nursing services. It is hoped that this compilation and analyses of the data will be of benefit to them and, by suggesting factors which may inhibit effective care, point out ways for benefiting the communities served by public health nurses as well.

In this report an attempt has been made to analyze the survey findings in detail, to examine the inter-relationships of the variables, and to draw inferences for further consideration and study. It is hoped that administrators of State and local public health services will find this analytical approach a useful model for examining census data for their own communities.

Section I presents an overall summary of the survey findings. Section II analyzes trends in public health nursing manpower in the United States over a period of 30 years. This was possible since comparable information has been collected since 1937. Sections III and IV describe the numbers, types, and other pertinent characteristics of National, State, and local agencies employing nurses for public health. Section V focuses entirely on the attributes of nurses in State and local public health programs. It describes the differences in public health nursing groups among States, including population coverage, guidance and supervision of staff, and the educational preparation of full- and part-time nursing personnel in various types of positions and agencies.

The year 1970 will be a crossroads in time; the decennial census of the United States will provide more current descriptions of the populations requiring public health services. The community center concept indicates a need for more comprehensive analysis of all the health services available to people in different communities, to various organizations within the communities, and to families and individuals who experience the specific problems and effects of public health. Future enumerations of public health personnel and resources are expected to encompass a broader spectrum of health workers and a greater depth in the scope and dimensions of community health services than ever before.

# I. NURSING PERSONNEL EMPLOYED IN PUBLIC HEALTH

ON JANUARY 1, 1968, there were 9,995 national, State, and local health agencies—including 191 baccalaureate schools of nursing and graduate educational programs—employing nurses for public health. These agencies, representing all those in the United States, Puerto Rico, Guam, and the Virgin Islands that were included in the census, employed over 50,000 registered nurses and licensed practical nurses for public health work. Of all agencies reported, local official health agencies ranked as the largest employers of public health nursing staff, encompassing over 19,000 nurses or 39 percent of all those in public health. Boards of education represented the largest number of employing agencies (61 percent) and accounted for 37 percent of all public health nursing personnel. Voluntary nonofficial agencies, made up primarily of visiting nurse associations, were

the third most numerous agencies reported. Their nursing staffs totaled 6,235, or 13 percent of all public health nursing personnel (table 1. Also figure 1, p. 4).

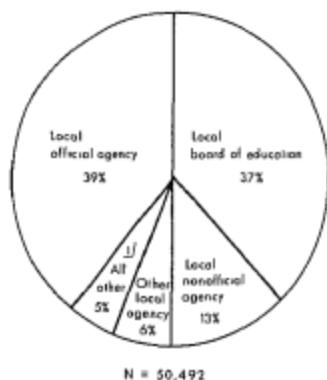
Comparisons of these reports with those of the 1966 survey demonstrate three important findings. First, they show a definite increase in public health nursing personnel for every type of agency. (2) Second, they indicate a dramatic rise in the number of boards of education and hospital based home care programs but relatively no change in the number of other agencies, official and nonofficial, providing public health nursing services. Third, they demonstrate a decrease in the proportion of nurses in public health who have completed the educational requirements for public health preparation.

Table 1.—Distribution of agencies and full- and part-time nurses in public health, January 1968

Type of agency	Agencies		Registered and licensed practical nurses	
	Number	Percent	Number	Percent
<b>Total</b>	9,995	100	50,492	100
National agency	9	*	518	1
University	191	2	618	1
State agency	111	1	1,500	3
Local agency	9,684	97	47,856	95
Official agency	2,622	26	19,793	39
Nonofficial agency	765	8	6,235	13
Combination agency	100	1	2,611	5
Hospital based program	127	1	365	1
Board of education	6,070	61	18,652	37

\* less than .5%.

Figure 1. Percent distribution of full- and part-time nurses in public health by type of employing agency, January 1968.



*ij Includes national and State agencies and universities.*

SOURCE Table 1

Over 8,000 nurses have been added to the public health nursing force since January 1, 1966, representing a 20 percent increase (appendix table 22, p. 39). The largest numerical increase occurred in boards of education. They reported 3,500 more nurses providing school nursing services on January 1, 1968, than on January 1, 1966, an increase of 23 percent in the 2-year period (figure 2, p. 5). The extent to which any of a wide variety of influences have affected this increase is not known. Improved reporting of the census information by boards of education may explain some of this change. There is no doubt, however, that major contributions to this rise in school nursing personnel were made by the continued expansion of schools, by new construction, and by Federal support provided by The Elementary and Secondary Education Act of 1965 that was established to improve services to school populations.

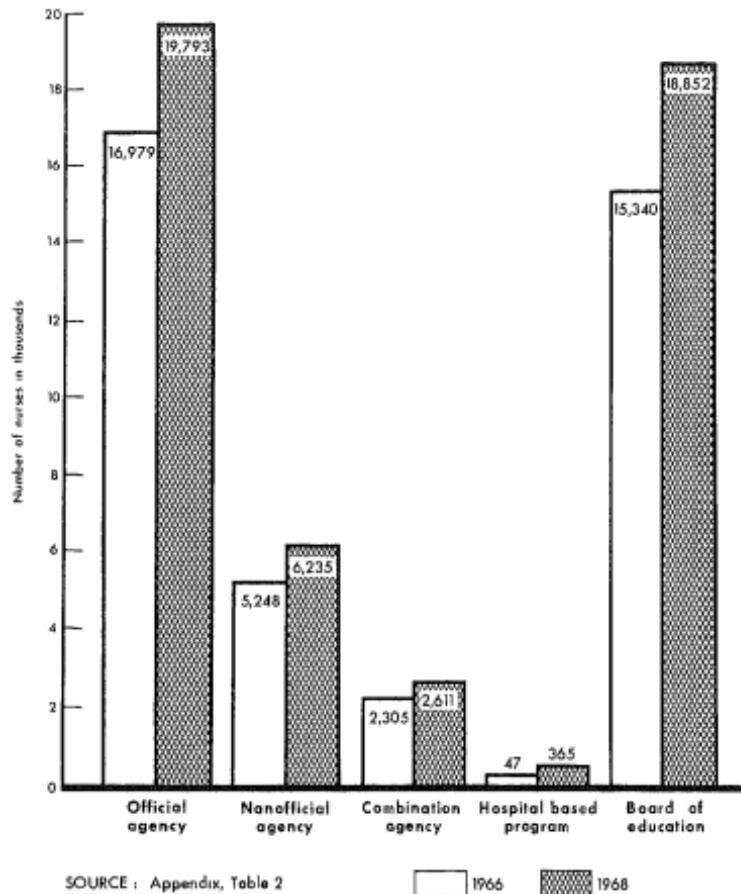
It was also of interest to find that local health departments and other official health agencies employed 2,814 more nurses in 1968 than in 1966,

and that the staffs of local nonofficial agencies providing public health nursing services had increased by almost 1,000. This finding may reflect the impact of expanding programs for care of the sick at home and of more recent efforts to intensify public health services for urban, impoverished groups at high risk of sickness and death. The reports from hospital based programs further support this proposition. These data underestimate the actual situation since there are known to be at least 75 such programs providing nursing care of the sick at home that were not reported in this survey. (3) In spite of this under-reporting, there is still considerable evidence, from reports of hospital based certified home health agencies alone, (4) that hospitals are extending their nursing services to patients at home at a rapidly accelerated rate.

The third major finding, relative to the educational preparation of nurses in public health, is based on information reported for 48,385 or 99.3 percent of all full- and part-time registered nurses included in the survey. The data, given in table 2 (p. 6), show that almost one-third of the work force in public health nursing have a baccalaureate or higher degree and have completed an approved program of public health preparation as well. At the same time, it was learned that more than half the nurses (53 percent) have neither an academic degree nor the recommended preparation in public health nursing. Eight percent have a baccalaureate or higher degree but are not prepared in public health nursing, and 6 percent reported having completed an approved program in public health, but their highest credential is a nursing diploma or an associate degree.

When educational preparation was related to type of position, it was reassuring to find that a large majority (72 percent) of the nurses with administrative, teaching, consultative, and supervisory responsibilities have both an academic degree and public health preparation. The low proportion of educationally prepared staff nurses in public health was noted and with considerable concern. As shown in table 2 (p. 6) only 26 percent of all registered staff nurses have public health preparation and an academic degree; an additional

Figure 2. Nurses employed full time and part time in local public health agencies, January 1966 and 1968.



SOURCE : Appendix, Table 2

1966    1968

6 percent have completed an approved program in public health. This means that less than one-third of the staff providing public health nursing services are prepared in public health.

Although the findings indicate that there has been an increase in the actual number of prepared nurses in public health since 1966, the proportion of full-time registered nurses who are educationally

Table 2.—Educational preparation of registered nurses employed full time and part time in public health, by type of position, January 1968

Educational preparation	Total nurses		Administrators, consultants, faculty, supervisors		Staff nurses	
	Number	Percent	Number	Percent	Number	Percent
Total	148,385	100	6,168	100	42,217	100
Academic degree with public health preparation	15,619	32	4,444	72	11,175	26
Academic degree without public health preparation	4,039	8	377	6	3,662	9
Public health preparation without academic degree	2,892	6	384	6	2,508	6
No academic degree or public health preparation	25,835	54	963	16	24,872	59

<sup>1</sup> Excludes 330 staff nurses and 37 administrators, consultants, supervisors, and faculty for whom there was incomplete reporting.

qualified for public health work has decreased in 2 years by 3 percent (table 3). This decrease was also noted among faculty employed to teach public health in schools of nursing and among public health nursing staff of State and local health agencies. This information is particularly disconcerting in light of the increased numbers of baccalaureate programs preparing students in public health and of the expanding resources supporting graduate education for nurses.

Whether these reductions reflect a diminishing interest of prepared nurses to practice public

health, or increased difficulties of public health agencies to compete with other employment opportunities for prepared nurses, or changes in public health programs which permit utilization of staff with less preparation or whether they reflect still other influences, is not known. Such evidence, however, raises many questions which need to be examined, especially those relating to staffing patterns, personnel utilization, patient selection, and priority assignments which, among other factors, are considered to have a direct effect on quality of services provided.

Table 3.—Distribution of registered nurses having completed an approved program in public health nursing, by type of agency, January 1966 and 1968<sup>1</sup>

Type of agency	1966		1968		
	Number reporting	Preparation completed		Number reporting	Preparation completed
		Number	Percent		
Total	41,015	16,841	41	48,410	18,522
National agency	422	349	83	511	428
University	497	484	97	611	578
State/local agency	40,096	16,008	40	47,288	17,516

<sup>1</sup> Excludes 227 names in 1966 and 323 in 1968 for whom public health nursing preparation was not reported.

## II. TRENDS OVER 30 YEARS

**T**HIE POPULATION of the United States has almost doubled in the past 30 years, increasing from 123 million in 1938 to 200 million in 1968. During this same period dramatic changes have taken place in the population's needs for public health services, in the public's increased expectations of health personnel, in the patterns of providing health services, and in the expanding scope of responsibilities and functions of the health professions.

Among other forces, governmental action has encouraged and been instrumental in effecting change in all of these areas of the health field. Federal legislation has been passed to improve and increase the medical benefits available for more people, utilizing a variety of avenues, while corollary programs to expand and strengthen the supply and preparation of health manpower have also been supported. The Social Security Act of 1935 led the way for such governmental action. For example, Title VI of the Act provided funds "... for the purpose of assisting States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate public health services. . . ." (5) Title V gave the Children's Bureau responsibility for administering maternal and child health programs, providing care for crippled children, and developing child welfare services. This Act further stimulated public health training for physicians, nurses, and others by providing stipends for professional personnel to obtain preparation in public health.

Since 1935 the impact upon nursing of governmental support of health services and manpower training has continued exponentially: The Nurse Training Act of 1943 (Cadet Nurse Corps), the "GI Bill of Rights," the Health Amendments Act

of 1956, and the Graduate Public Health Training Amendments of 1964 provided education and training funds which have had a major impact on the preparation of public health nurses as well as other health personnel. The Hospital Survey and Construction Act (Hill-Burton Amendments) passed in 1946 aided nursing and public health education by supporting the building of schools, laboratories, libraries, and other health educational facilities in addition to the construction of hospitals, clinics, outpatient departments and public health facilities. The Community Health Services and Facilities Act of 1960, which aimed at assisting agencies to find ways to expand and improve the quality of care provided; the Medical Assistance to the Aged (Kerr-Mills Amendment) of 1962; and the Social Security Amendments of 1965 have all made dramatic changes in the practice of public health nursing and in the scope and intensity of health care offered. Community Action Programs of the Economic Opportunity Amendments of 1964 provided funds to assist communities to mobilize their resources to combat the problems of poverty including poor health, inadequate education, and unemployment. This stimulated the creation of new types of health-focused programs such as "Head Start" and neighborhood multi-service centers. The Elementary and Secondary Education Act of 1965 made funds available to local boards of education specifically for incorporating health and welfare services into elementary and secondary public school programs.

"Medicare" and "Medicaid," Social Security Act Amendments of 1965 probably represent the most dynamic health legislation since 1935 in that they encompass a change in the philosophy underlying the health care system as well as make

explicit changes in the kind and amount of services required to meet the health needs of the community.

Although legislation is only one of many concomitant social, medical, and health related factors influencing community health services and manpower, the desirable overall effects of such legislative actions would be expected to be evidenced in expanded services and increased qualifications of personnel associated with the declining illness rates and improved health and functioning of the population served. This survey was not designed to examine changes in the population's health patterns but was directed toward obtaining information relevant to patterns of community nursing services and to the educational preparation of these staff. Therefore it was reasoned that trends consistent with the intent of health legislation over the past 30 years would demonstrate:

- An increase in the number of nurses employed in public health with a proportional increase greater than that for the general population. This excess is necessary to reduce recognized deficiencies in service, including gaps in population coverage, while simultaneously keeping pace with the steadily increasing population;
- An increase in the number of agencies providing public health nursing services until broad scope family health care is available to all persons in all communities;
- A general increase in the number of public health nursing personnel who are educationally prepared in public health and with larger increases shown among those nurses employed as supervisors, teachers, consultants, and program administrators.

The analysis of survey data collected since 1938 upheld each of these expectations. As shown in table 4, the number of public health nurses has more than doubled and the average annual percent increase has surpassed the population increases in every 10-year period. Particular note

should be taken of the gains in public health nurse power of almost 4 percent per year during the latest 10-year period in contrast to increases in the general population of only 1.4 percent during this same time span. Similar but even more dramatic trends were found when school populations were analyzed separately. In spite of the fact that only nurses employed by boards of education are included in this analysis, the average annual increase in nursing staff far exceeds increases in the school population in every decennial since 1938.

The extent of these increases is demonstrated further when nurse-to-population ratios are analyzed. Figure 3 (p. 10) shows that in 1938 there were, on the average, 15 nurses in public health work for every 100,000 persons in the United States. In 1968, however, this number had increased to over 21 nurses per 100,000 population. An even more dramatic threefold rise (from 13 to 39 nurses per 100,000 school enrollees) was reported for nurses employed by boards of education.

This finding was demonstrated again when changes in the numbers of staff were examined for the various types of employing agencies. In addition to school nurses, increases occurred in staffs employed to teach public health nursing in colleges and universities and in those employed as consultants by national agencies (appendix table 24, p. 41). This reflects the requirements of baccalaureate programs preparing students for public health and the expanding demands of service programs for consultation. Sharp contrasts, however, were noted among local service agencies. As shown in figure 4 (p. 11), the number of nurses employed by visiting nurse associations and other non-official agencies declined steadily from 1938 to 1957, and it was not until 1965 that an increase was seen in these staffs. Official health agencies, on the other hand, have more than doubled the number of nurses employed and show trends more in keeping with the advances of boards of education with increases in each 10-year span.

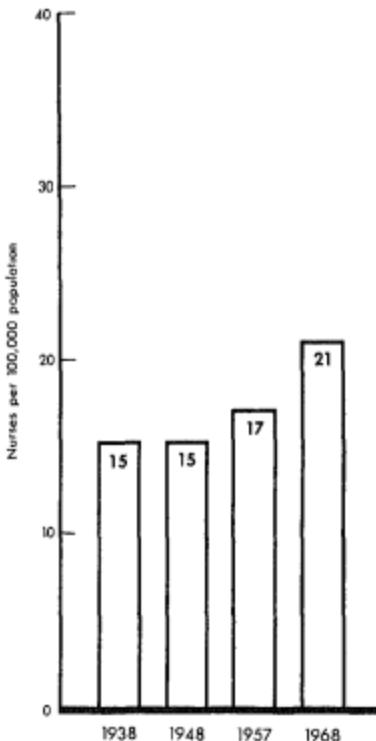
Table 4.—Comparison of ratios of full-time nurses in public health to U.S. resident population<sup>1</sup> and of nurses employed by boards of education to public school enrollment<sup>2</sup> 1938-68

Year	U.S. population			Public school population								
	Resident population in thousands	Nurses in public health		School population of education	Nurses in boards		Railes					
		Total	Average annual percent change	Nurse per 100,000 pop.	Total in thousands	Average annual percent change	Total	Average annual percent change				
1938 -	129,825	19,379	1.2	6,699	26,112	-0.8	3,887	15	4,718			
1948 -	146,730	22,383	1.4	15	6,555	24,037	5,019	2.6	21	4,789		
1957 -	171,187	1,7	28,685	2.8	17	5,967	32,951	3.2	7.2	28	3,572	
1968 -	199,017	1.4	42,679	3.7	21	4,663	43,887	2.9	16,968	6.1	39	2,586

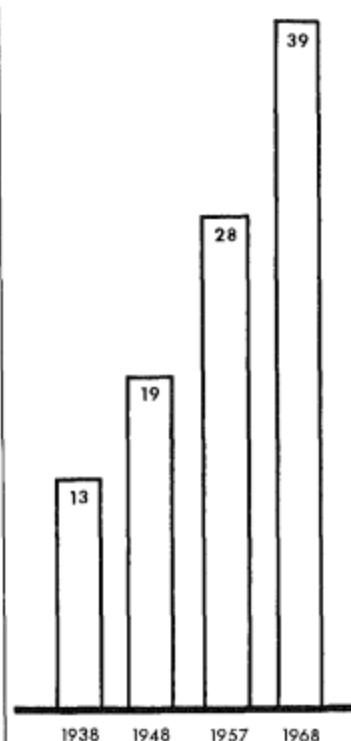
<sup>1</sup> U.S. Dept. of Commerce, Bureau of the Census, *Statistical Abstract of the United States: 1968*. No. 2. Population: 1900-1963. Washington, 1968. U.S. Government Printing Office.

<sup>2</sup> U.S. Dept. of Health, Education, and Welfare, Office of Elementary and Secondary School Survey in the U.S., *Chapter on Statistics of State School Systems: 1957-58, 1957-58*. Washington, U.S. Government Printing Office.

Figure 3. A. Ratio of registered nurses in public health per 100,000 population, selected years 1938-68.

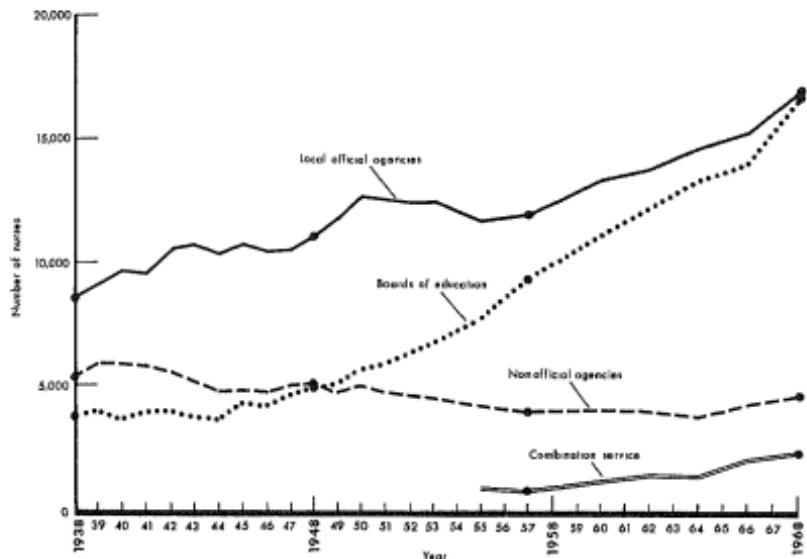


B. Ratio of registered nurses employed by boards of education per 100,000 public school enrollees, selected years 1938-68.



SOURCE Table 4

Figure 4. Thirty-year span of the number of registered nurses employed full time in public health, by type of local agency, 1938-68.



SOURCE : Appendix, Table 3

Table 5 shows the variety of changes which have occurred in agencies employing nurses for public health. Again boards of education stand out in the increases represented—almost 4,000 more agencies reported public health nursing staff in 1968 than in 1938. State agencies also show substantial increases, and the development of hospital based home care programs and combination official and voluntary agencies are evident. However, it was surprising to find the slight increase, only 16 percent, in official agencies and the decrease of almost 50 percent in the number of nonofficial public health nursing agencies. Previous reports (6) have shown that these changes are due, to a large extent, to reorganization and amalgamation of small agencies for more centralized administration. They are assumed to reflect a trend toward more uniformity of service and of regional coverage rather than a reduction in the services available.

The broadened scope of public health nursing services currently available in communities is well documented. In 1968 there were 821 more agencies reporting services for care of the sick at home than in 1966. These services represented a major extension in the programs of health departments and other official health agencies. Whereas 672 official agencies reported nursing home care pro-

grams in 1966, this number was more than double in 1968. Fifty-one percent of all official public health agencies surveyed are now providing nursing care for the sick at home.

Progress made in the extension of nursing care services to populations and particularly to those in rural areas, within a 2-year period, is notable. In 1968, populations in 1,747 counties had some nursing care services available to them. This represents an increase in services since 1966 in 903 counties encompassing 44 million people. It shows, further, that 86 percent of the population of the United States are now offered public health nursing services that include care of the sick at home.

Data on educational preparation, including academic degrees attained and public health nursing programs completed, were first included in the 1940 census of nurses in public health. Since that time the preparation of registered nurses employed full time for public health work in State and local agencies has increased at a fairly constant rate (figure 5). The proportion of staff who held baccalaureate or higher degrees increased from 10 percent in 1940 to 42 percent in 1966; in 1968 the proportion was slightly less—41 percent. Over the same period of time, the proportion of nurses having completed an approved program of

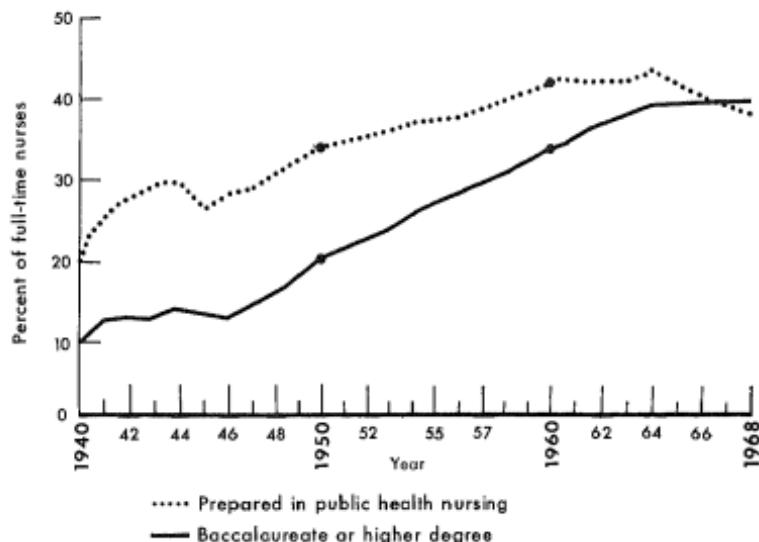
Table 5.—Comparison of agencies employing full-time public health nurses, by type of agency, January 1938<sup>1</sup> and 1968

Type of Agency	1938	1968	Percent change
Total	5,901	9,995	69
National agency	*	9	—
University	*	191	—
State agency	78	111	+ 42
Local agency	5,823	9,684	+ 66
Official agency	2,258	2,622	+ 16
Nonofficial agency	1,437	765	- 47
Combination agency	*	100	—
Hospital based program	*	127	—
Board of education	2,128	6,070	+ 185

\* Data not collected.

<sup>1</sup> 1938 Census of Public Health Nurses, Mabel Reid, Micrographed report B-2551, U.S. Public Health Service, Washington.

Figure 5. Academic degree and public health nursing preparation of registered nurses employed in public health, 1940-68.



public health nursing increased rapidly in the early forties but slumped during the World War II years, then began a steady climb up to a peak of 43 percent in 1964. (7) Since then, although the number of nurses who are educationally prepared in public health has continued to increase, there has been a proportionate decrease in prepared staff. In 1968 only 39 percent of all nurses in public health were academically prepared in this field. More time is needed to tell whether these recent declines in both collegiate and public health preparation represent important changes in qualifications or in patterns of staffing. They may be a reflection of the recent trends not only to utilize health manpower more efficiently but to broaden the scope of services by employing nurses with less preparation along with aides, neighborhood workers, homemakers, and others to provide nursing,

housekeeping, and related services which do not require more advanced preparation.

In 1960, for the first time, the census data were tabulated to permit mutually exclusive analyses of educational credentials and public health preparation of nurses working in public health. Since then, as shown in table 6 (p. 14), there has been a gradual increase in the preparation of nurses reported who hold both a baccalaureate degree and preparation in public health. In 1968 this group represented approximately one-third of the 42,375 nurses who reported educational preparation.

Two additional findings were noted in regard to trends in the educational preparation of nurses working in public health. The first deals with advanced education of graduates of diploma schools of nursing. The second reflects influences of baccalaureate programs preparing students to function in public health.

**Table 6.—Registered nurses reporting educational preparation and percent with both an academic degree and public health nursing preparation, selected years January 1960-68**

Year	Registered nurses reporting educa- tional prepa- ration	Percent with aca- demic degree and public health nursing Preparation
	Number	Percent
1960	30,666	27
1962	32,345	28
1964	34,656	31
1966	36,599	33
1968	42,375	32

According to the 1968 census, 37,000 nurses presently employed in public health are graduates of diploma schools of nursing. Of this number 2,773 had completed their initial nursing education before 1930. It was interesting to find that 23 percent of these graduates have subsequently earned a baccalaureate or higher degree and that this proportion applies to nurses who graduated before 1930 as well as to more recent graduates. Further, 70 percent of all diploma graduates with degrees have earned their degree since 1955. It was also of interest to find that 5 percent of the

diploma graduates have earned a master's or doctoral degree, compared with 8 percent of the nurses whose initial nursing education was in baccalaureate schools of nursing.

The contribution of basic baccalaureate schools of nursing approved for public health has increased steadily since 1962. Graduates of these programs, employed full or part time, accounted for 7 percent of public health nurses reported in the 1962 census, 11 percent in 1966, and 12 percent (or almost 6,000 nurses) of those reported in 1968.

One additional finding warrants attention: of all nurses included in the 1968 census who reported their educational preparation, almost two-thirds had completed their basic nursing education before 1950. Does this mean that public health is not exciting enough to appeal to recent graduates, that recruitment is conducted among more mature graduates, that public health staffs tend to be stable and keep vacancies at a minimum? The factors producing this distribution may have very positive or very detrimental effects on the quality of service. In any case the apparent low preparation of young, recently prepared nurses in public health should be reviewed very seriously, especially in relation to the demands for change in medical and nursing practice and in the conceptual requirements of the new evolving health systems of modern society.

### III. NATIONAL AGENCIES AND UNIVERSITIES

NINE NATIONAL agencies and 191 universities and colleges reported that they employ 1,136 nurses in public health. As shown in table 1 (p. 3), this number represents 2 percent of the total nursing personnel included in the census. These data, compared with the 1966 report, show that there has been little change in the numbers and preparation of public health nurses employed by national agencies during the 2-year period but that collegiate schools of nursing and schools of public health have 88 additional public health nurse faculty, a 17 percent increase over the number reported in 1966.

Examination of the reports of national agencies shows that 183, or one-third, of the 518 public health nursing personnel reported are employed in administrative or consultative positions (table 7), that 82 percent have public health preparation and an academic degree (table 8), and that 200 or 40 percent hold a graduate degree.

As might be expected, collegiate faculty in public health nursing represent by far the best prepared of all groups included in the census. Of

this group almost 95 percent have completed their public health preparation and hold a baccalaureate degree; 23 have doctoral degrees. At the same time it should be pointed out that 33 nurses who are responsible for teaching public health do not have even basic preparation in public health; 66 have no academic degree beyond the baccalaureate.

**Table 7.—Distribution of public health nursing personnel in national agencies, by type of position, January 1968**

Type of position	Registered nurses	
	Number	Percent
<b>Total</b>	<b>518</b>	<b>100</b>
Director/assistant director	62	12
Consultants	121	23
Generalized	(48)	(9)
Specialized	(73)	(14)
Supervisor	88	17
Staff	207	40
Other	40	8

**Table 8.—Educational preparation of nurses in public health employed by national agencies and universities, January 1968**

Educational preparation	National agencies		Universities	
	Number	Percent	Number	Percent
<b>Total</b>	<b>1,511</b>	<b>100</b>	<b>1,611</b>	<b>100</b>
Academic degree with public health preparation	416	82	577	95
Academic degree without public health preparation	42	8	33	5
Public health preparation without academic degree	12	2	1	—
No academic degree or public health preparation	41	8	—	—

<sup>a</sup> Excludes 7 nurses in national agencies and 7 in universities for whom there was incomplete reporting.

Table 9.—Student enrollment per public health nurse faculty, by type of program and size of school, 1967

School enrollments	Schools with baccalaureate programs only						Schools with baccalaureate and graduate programs					
	Accredited			Nonaccredited			Accredited			Nonaccredited		
	Num- ber	Students per faculty	Median Average	Num- ber	Students per faculty	Median Average	Num- ber	Students per faculty	Median Average	Num- ber	Students per faculty	Median Average
All schools <sup>1</sup>	28	63	75	31	76	68	114	66	74	12	76	103
100 or less students	11	47	52	19	42	41	9	38	40	5	60	53
101 - 200 students	-	-	-	11	118	100	25	53	60	4	101	111
201 - 300 students	-	-	-	7	91	109	1	228	39	66	81	2
301 or more students	1	103	103	-	-	-	31	89	91	1	179	179

<sup>1</sup> Excludes 6 schools; 5 graduate programs and 1 unknown enrollment.

For the first time an attempt was made to examine the distribution of public health nurse faculty in relation to the size of the school's student body. To do this ratios were calculated in two ways: (1) the number of basic nursing students graduated in June 1967 per public health nursing faculty member, and (2) the total number of students enrolled in October 1967 per public health nursing faculty member. These ratios were compared for types of programs offered, size of student body, and accreditation of the program by the National League for Nursing. The findings pertaining to student enrollees are displayed in table 9.

It is recognized that many factors influence the quality of instruction and that caution is necessary in drawing inferences from this information. Data on faculty was not obtained from all schools. The number of programs reported by the National League for Nursing for 1966 indicate there are 14 more accredited programs than are included in this census. (8) The total number of missing nonaccredited programs is unknown; many have been established very recently; others have not yet reached their student capacity and have not yet graduated their first class. More importantly, the method of teaching public health nursing, the plan for integrating public health concepts and content into the curriculum, the scope of field experiences, and the extent to which practice is related to theory may all be more critical determinants of the quality of preparation than is the number of students assigned to faculty.

Nevertheless, this examination of ratios yielded interesting results. In general, there were fewer students per public health nursing faculty member in smaller schools and in schools with National League for Nursing accreditation. Also, accredited programs providing graduate as well as baccalaureate preparation had the smallest median number of students per faculty in every student enrollment grouping. Differences were found when ratios of public health nursing faculty to 1967 graduates were analyzed but they appeared to be attributable to a few new nonaccredited programs with small (less than four) numbers in the graduating classes. Otherwise, the general tendencies described above held throughout.

## IV. STATE AND LOCAL AGENCIES

**C**OMMUNITY HEALTH services generally are provided by local agencies, although in some States public health services are administered centrally, primarily by the State health department. These patterns also apply to public health nursing services. In fact, most State departments of public health provide some local nursing services by assigning staff directly to areas where nursing programs or agencies have not been established, by supplementing local staff, or by providing service directly out of the State office. For this reason the public health nursing personnel of State and local agencies are analyzed together. These agencies represent 98 percent of all those included in the survey. They also represent an equal proportion of all nurse manpower in public health, employing 49,356 registered and licensed practical nurses for public health work.

It was of interest to find that, of all State and local public health nursing personnel, only 1,500 (3 percent) are employed by State agencies (table 1, p. 3). Distributions of these agencies and personnel varied considerably: 22 States reported only one State agency employing nurses for public

health, one State, Maine, reported six such agencies. Three States and Guam reported less than six nurses employed, eight others employed less than 10. On the other hand, seven States reported over 50 nurses employed by State agencies with Pennsylvania having the largest number, 147 nurses, all employed by the State Health Department.

As mentioned earlier, relatively little change has occurred since 1966 in the total number of official and nonofficial local health agencies providing public health nursing services. Examination of the distribution of agencies within these groups, however, gives evidence of changes occurring in patterns of delivery of service. As shown in table 10, from 1966 to 1968 there was a definite decrease in the numbers of local health departments and visiting nurse associations providing nursing service. Other types of agencies, however, both official and nonofficial, show a decided increase. Organizations developed through Head Start, Office of Economic Opportunity, and Maternal and Infant Care programs, as well as many hospitals and extended care facilities, became new providers of

Table 10.—Local agencies providing public health nursing service, by type of agency,  
January 1966 and 1968

Type of agency	1966		1968	
	Number	Percent	Number	Percent
All agencies	8,572	100	9,684	100
Health department	2,210	26	2,120	22
Other official agency	293	3	502	5
Visiting nurse association	651	8	614	6
Other nonofficial agency	107	1	151	2
Combination agency	85	1	100	1
Hospital based and established home care program	17	—	127	1
Board of education	5,209	61	6,070	63

public health nursing services. At the same time, the reports indicate that the decrease in the more traditional public health service agencies has been due primarily to administrative combinations for more centralized management. There is no evidence that nursing services have been withdrawn or further limited since 1966. Instead every indication points in the opposite direction—to the extension of local public health nursing services, in scope and quantity, in all areas of the United States.

Three additional questions were asked of the data in regard to agency characteristics. One question related to the geographic distributions of agencies according to type of administrative control, particularly to learn whether the newer types of agencies are unique to a few States or regions or are developing more widely in all parts of the country. The second question relates to the distribution of agencies by size and the third question, to determine whether the employment of part-time nurses and licensed practical nurses is occurring generally or only in certain types of agencies, deals with the types of nursing service personnel employed.

### Patterns of Administrative Control

By examining the distributions of agencies among the States and Territories (appendix table 28, p. 45) it appears that traditional patterns of providing service, through health departments, visiting nurse agencies, and boards of education, have been maintained in the majority of States. Unlike the past development of visiting nurse associations which were primarily organized in the northeastern States,<sup>1</sup> the more recently established agencies seem to be located within a few States, independent of regional influence. For example, two-thirds of all agencies other than health departments, visiting nurse associations, and boards of education were reported by 10 States, four of which (Connecticut, New Jersey, New York, and Pennsylvania) are in the northeast, three (Illinois, Iowa, and Minnesota) are in the north-central region, two (Colorado and Montana) are in the Rocky

Mountain States, and one (Louisiana) is in the south. Two States, New York and Pennsylvania, accounted for over 40 percent of all hospital based programs. Florida alone reported one-third of all health department and visiting nurse combination agencies.

Whether these findings are attributable to differences in reporting or to differences in administrative patterns among States is uncertain. In this period of changing concepts related to the development of new models of delivery of service, it becomes increasingly important to develop and study the effectiveness of various patterns of service in order to assist communities to procure the health care system which will be most congruent with their social structure and most effective in meeting the health needs of their populations.

### Size of Agencies

As in previous reports, the distributions of agencies were analyzed in terms of the number of nurses employed for each type of agency. The findings are presented in table 11.

Almost three-fourths of the agencies providing public health nursing services in the United States and Territories employ less than five full-time registered nurses. Ten percent employ only part-time registered nurse staff. As shown in table 11, these findings pertain quite generally to each of the three major categories of agencies; i.e., to official and nonofficial agencies and to boards of education. On the other hand, only 2 percent of the agencies are staffed with as many as 25 or more full- and part-time nurses.

A few additional findings are of note: Combination agencies, as might be expected, tend to have a large number of staff. Over half of them employ at least 10 nurses, 14 percent have a staff of 50 or more. In contrast with this, hospital based programs tend to be small. Almost 60 percent employ only one full-time nurse or rely entirely on part-time registered nursing personnel. Ninety-four percent are staffed with less than five nurses. Boards of education also tend to have few staff. They reported 3,050 agencies employing only one full-time registered nurse or part-time staff. In fact, over two-thirds of all these small nursing services were administered by boards of

<sup>1</sup> Over 70 percent of all visiting nurse associations are located in the northeast (New England States, New York, New Jersey, and Pennsylvania).

Table 11.—Percent distribution of local agencies, by type of agency and by size of registered nurse staff, January 1968

Size of full-time nursing staff	Total	Official agency	Nonofficial agency	Combination agency	Hospital based program	Board of education
All agencies	9,617	2,620	762	100	127	6,008
				Number	Percent	
No full-time staff	100	100	100	100	100	100
1	10	6	8	1	6	13
2-4	37	34	33	7	52	38
5-9	24	33	27	19	36	17
10-24	9	14	16	19	4	6
25 or more	5	9	12	29	2	2
Unreported size	2	4	4	25	1	1
	13	—	—	—	—	21

<sup>1</sup> Excludes 67 agencies employing only licensed practical nurses.

Table 12.—Distribution of nurses employed full time and part time by local public health agencies, January 1960 and 1968

Nurse Classifications	1960			1968		
	Total	Full time	Part time	Total	Full time	Part time
	Number	Percent	Number	Percent	Number	Percent
All nurses	32,120	100	30,514	95	1,606	5
Registered nurses	31,764	100	30,181	95	1,583	5
Licensed practical nurses	356	100	333	94	23	6
					42,892	90
					41,255	87
					1,637	94
					4,861	11
					103	6

education. Lastly, it appears that, as the size of staff is increased, the proportional representation of official agencies also is increased (figure 6, p. 21). Half of all agencies employing 25 or more registered nurses were health departments or other tax supported agencies. And, although there were only a few agencies (29) with 100 or more registered nurses on their staff, two-thirds of them are health departments.

### Types of Nursing Personnel Employed

Information about nurses employed part time and the employment of licensed practical nurses was first included in the 1960 Census of Nurses in Public Health. (9) At that time 5 percent of the registered nurse staff were part-time employees and, although the total number of licensed practical nurse staff was small (356), 6 percent of these staff members were also employed part time. Since then the actual numbers of all local agency nursing staff have increased markedly: In 1968 there were one and one-third times as many full-time registered nurses working in local public health service agencies as there were in 1960. These were three times the number of registered nurses working part time, and five times the number of licensed practical nurses, both full and part time, as were employed in 1960.

Proportionately, however, these data show that relatively little change has occurred in the practice of employing other than registered nurses to provide public health nursing services, (figure 7, p. 22.). In table 12, (p. 19) a slight increase is seen in the proportion of part-time staff but this increase is believed to be due, to a large degree, to those agencies providing school health services which have adjusted the hours of work for school personnel to be consistent with their school sessions.

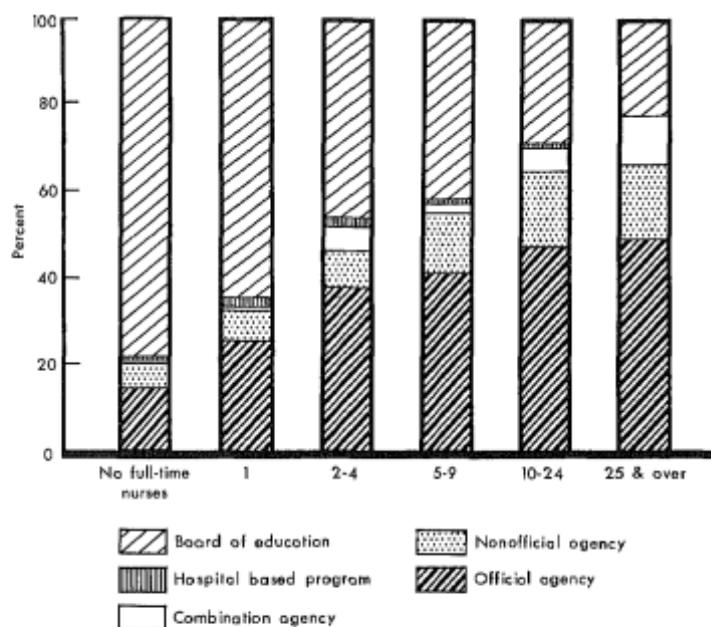
Over 3,600 (73 percent) of all part-time nurses are employed by official agencies and boards of education. The largest number of part-time registered nurses are employed by agencies in New York, California, New Jersey, and Pennsylvania.

Further, and of some concern, is the fact that small agencies seem to rely on part-time staffs to a much greater degree than larger agencies. As shown in table 13, 15 percent of the nurses employed by agencies with one full-time registered staff nurse are part-time employees in contrast with only 7 percent of the staff of agencies with 25 or more full-time staff. This finding raises serious questions as to the amount of supervision and guidance which is usually available to part-time staff. It also raises doubt as to the ability of these small agencies to provide continuity of care for their communities.

Table 13.—Distribution of full- and part-time registered nurses employed for public health, by size of local agency staff, January 1968

Size of staff	Total		Full time		Part time	
	Number	Percent	Number	Percent	Number	Percent
All nurses	46,116	100	41,255	89	4,861	11
No full-time staff	1,108	100	—	0	1,108	100
1	4,109	100	3,499	85	610	15
2-4	6,705	100	5,960	89	745	11
5-9	6,136	100	5,637	92	499	8
10-24	8,061	100	7,447	92	634	8
25+	15,099	100	14,000	93	1,099	7
Unreported	4,678	100	4,712	97	166	3

Figure 6. Local agencies employing nurses for public health, by size of staff and type of agency, January 1968.



SOURCE : Appendix, Table 5

Figure 7. Eight-year span of the number of registered and licensed practical nurses employed full time and part time in public health, 1960-68.

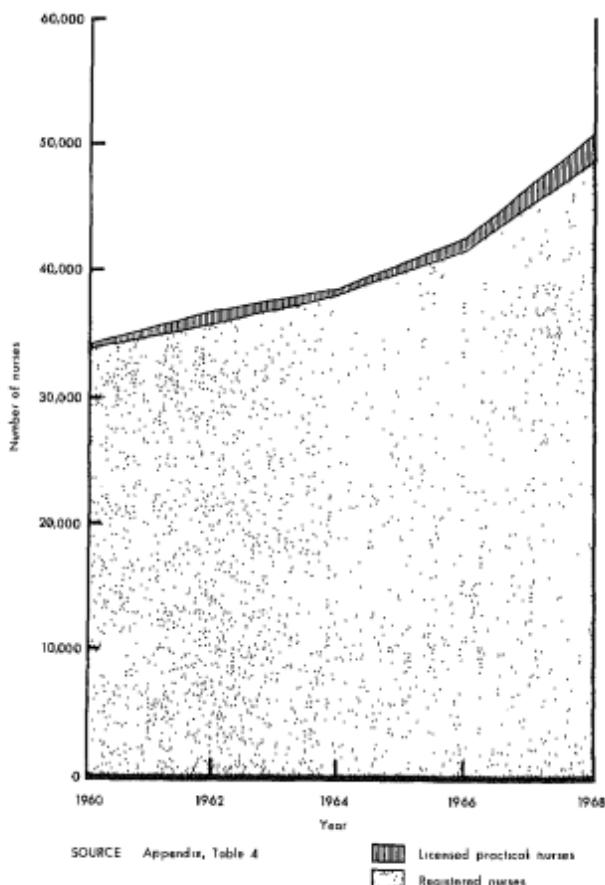


Table 14.—Distribution of registered and licensed practical nurses employed in public health, by type of local agency, January 1948

Type of local agency	All nurses				Licensed practical nurses			
	full time and part time		Registered nurses		Full time		Part time	
	Total	RN's	LPN's	Total	Percent	Number	Percent	
All agencies	47,856	96	4	46,116	89	11	1,740	94
Official agency	19,753	96	4	19,070	90	10	723	95
Nonofficial agency	6,252	90	10	5,625	82	18	610	92
Combination agency	2,611	94	6	2,461	92	8	150	95
Hospital based program	365	86	14	315	73	27	50	80
Board of education	18,832	99	1	18,645	91	9	207	98

Table 14 describes the composition of nursing staffs considered in relation of type of employing agency. It is evident from these figures that hospital based and extended home care programs tend to employ a higher proportion of part-time staff than any other type of agency. Even though the total numbers are small, they also employ practical nurses at a much higher rate than any of the other agencies.

Agencies in New York, Illinois, and Texas reported the largest number of practical nurses; whereas there were no agencies in California or Wyoming that reported any practical nursing staff. It was disconcerting to find 67 agencies with a nursing staff consisting of one licensed practical nurse only. Almost all of these agencies (65) represented boards of education, 27 of which were located in one State (Arkansas).

Whether any of these agency patterns are efficient or economical, whether they relate to community demands or to the type and amount of illness present, or whether they function effectively or satisfactorily on any dimension is unknown. These survey data can only point out deficiencies among the groups of reporting agencies and stimulate questions in regard to their meaning. From some of these findings it seems reasonable to doubt that the agency's nursing program, in many instances, goes beyond stop-gap measures, unrelated to need, efficiency, or effectiveness of service. They highlight the importance of considering agency characteristics in looking for ways to improve community nursing services. In addition, the examination of attributes of the nursing staff and of measures associated with quality of performance such as supervision, preparation, and size of population served, become even more important when viewed in relation to agency patterns as well as to the health of the community.

## V. NURSES EMPLOYED FOR STATE AND LOCAL PUBLIC HEALTH SERVICES

THE QUALITY of health services available to communities has traditionally been judged in terms of the selected attributes of the agencies and the personnel providing services rather than on the more direct measures of community health. In spite of limitations inherent in such determinations, assessments of public health nursing have been based on, among other factors, ratios of nurse-to-population coverage, on the amount of guidance available to staff through supervision and consultation, and on the educational preparation of the nursing personnel. This analysis of the survey information uses each of these parameters to determine progress made to date and to identify future needs of public health nursing at the State and local community levels.

### Nurse-to-Population Ratios

When the total number of full-time nurses employed by State and local agencies for public health was related to the population of the United States and Territories, the national ratio of 21.3 nurses per 100,000 population, or one nurse per 4,703 population, was obtained. The findings were much more important when this information was examined for each State separately: As shown in figure 8, 18 States and the District of Columbia were found to have a larger number of nurses per 100,000 population than the national ratio; two States had achieved the goal of 40 per 100,000 or one nurse per 2,500 population. Only 15 States had more than 6,000 population per public health nurse.

Even with this encouraging picture the wide range in these ratios among the States should be noted. Delaware and the District of Columbia appear at the highest level with more than 41

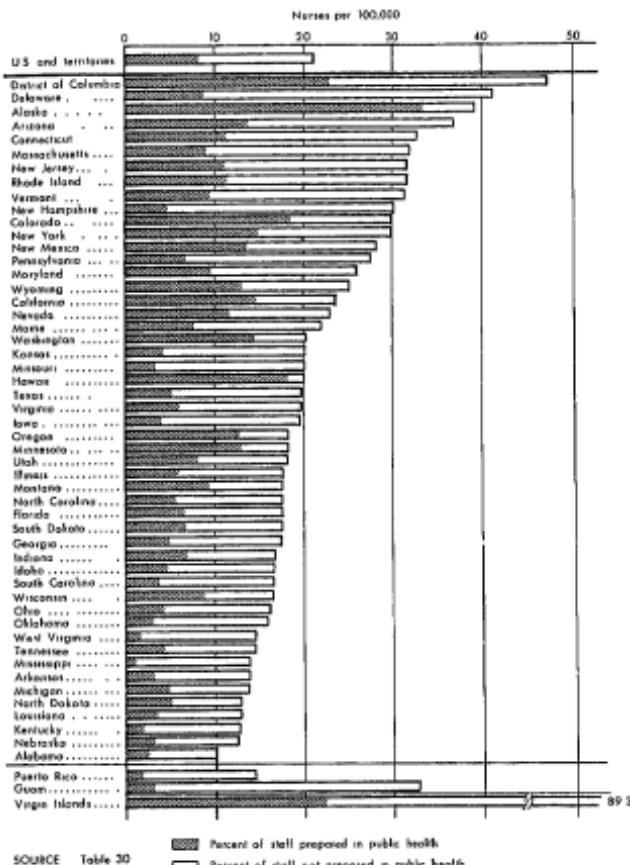
nurses per 100,000 population. In contrast, 10 States, all with many rural, widely dispersed communities, have less than 15 nurses per 100,000 population.

To determine the extent to which these findings were influenced by the number of nurses employed by boards of education, nurse-to-population ratios were recomputed excluding this group (table 16, p. 27). This procedure only slightly reduced the overall range and produced a high of 42.8 and a low of 6.1 nurses per 100,000 population. When the States were again ranked, using these recomputed ratios, and compared with the previous listing (figure 8), a high degree of consistency was found in the order of States on both lists. Fifteen States had relatively no change and 13 others moved less than 10 places in rank. Only seven States took an entirely different position: Wyoming, Texas, Iowa, California, Missouri, and Kansas were outranked by at least 20 more States on the second list than on the first, demonstrating a considerable reduction in the nurse power available to provide public health services to the general population. Wisconsin, on the other hand, moved up 28 places, giving evidence of the relatively few nurses employed by boards of education with services restricted to school populations in that State.

It was interesting to note that three States, New York, California, and Pennsylvania reported 30 percent of all nurses employed in State and local public health work. Nevertheless, because of the large populations encompassed by these States, none of them appeared among the groups with the 10 highest nurse-to-population ratios.

It seems reasonable to assume that the provision of public health nursing becomes more complex

Figure B. Rank of States by ratios of full-time registered nurses employed for public health in State and local agencies, per 100,000 population, January 1968.



SOURCE Table 30

■ Percent of staff prepared in public health  
□ Percent of staff not prepared in public health

Table 15—Distribution of States ranked by ratio of supervisor to staff (registered and licensed practical nurses) employed in public health full time and part time, January 1968

State	Number of nurses per supervisor	State	Number of nurses per supervisor
United States and Territories 15.0			
North Dakota	5.1	Oklahoma	16.0
Montana	7.3	Colorado	16.3
Hawaii	7.5	Idaho	17.5
Florida	7.6	Georgia	17.7
Louisiana	8.5	Minnesota	17.9
Wisconsin	8.7	Pennsylvania	18.0
Oregon	9.9	Utah	18.2
Nevada	10.5	Vermont	18.4
Rhode Island	10.7	Alabama	18.6
District of Columbia	11.2	California	19.5
Ohio	11.3	New Jersey	20.1
Michigan	11.4	Kansas	21.7
Connecticut	11.8	Arizona	23.0
Tennessee	11.8	Mississippi	23.3
Washington	11.8	Wyoming	23.3
South Carolina	11.9	New Hampshire	24.4
Maryland	13.2	Kentucky	24.6
West Virginia	13.6	Texas	24.8
Maine	13.8	South Dakota	27.8
New York	14.8	Delaware	27.9
Missouri	14.8	Arkansas	29.5
Illinois	14.9	Nebraska	30.0
Alaska	15.0	Iowa	33.6
Indiana	15.2	New Mexico	41.9
North Carolina	15.5	Guam Puerto Rico Virgin Islands	4.3 6.6 13.7
Massachusetts	15.6		
Virginia	15.9		

as the size of the population increases. Decisions as to priorities, the number of potential contacts to be made, the likelihood of more health related problems to deal with and of more resources to utilize are just a few of the factors which tend to make service to larger populations more difficult. Therefore it would be hoped that in the States where nurses are expected to provide nursing care to the larger populations, the staff employed are educationally prepared to cope with these problems and are provided with supportive supervision and consultative services. In order to examine broadly whether these factors seem to be related in practice, States were classified according to their nurse-to-population ratios, excluding board of education personnel, and divided by rank order into three equal groups. The States in each group were

then examined in relation to (1) the proportion of nurses employed who had completed the academic requirements for public health preparation, and (2) the average number of staff nurses per supervisor (tables 15, p. 26, 16 and 17).

It appears from these data that, contrary to what might be considered more desirable, States with the fewest nurses employed per 100,000 population generally have the lowest proportions of nurses with public health preparation. In addition, these same relationships were found when board of education nurses were included in the analysis. In regard to supervisory assistance, the group differences were less distinct but again showed the same general, less desirable, tendency. It would appear that nurses are provided with less guidance and support in States where they are

Table 16.—Percentage of nurses prepared in public health among States grouped by nurse-to-population ratios, January 1968

Range of ratios of nurses per <sup>1</sup> 100,000 population	All States	Percentage of nurses prepared in public health		
		50% plus	26-49%	25% or less
		Number of States		
All States	51	14	25	12
17.4 to 42.8	17	6	9	2
12.8 to 16.9	17	5	10	2
6.1 to 12.6	17	3	6	8

<sup>1</sup> Excludes nurses employed by boards of education.

Table 17.—Ratio of supervisors to staff nurses among States grouped by nurse-to-population ratios, January 1968

Range of ratios of nurses per <sup>1</sup> 100,000 population	All States	Average number of nurses per supervisor		
		5-12	13-19	≥ 20+
		Number of States		
All States	51	16	21	14
17.4 to 42.8	17	8	6	3
12.8 to 16.9	17	5	7	5
6.1 to 12.0	17	3	8	6

<sup>1</sup> Excludes nurses employed by boards of education.

<sup>2</sup> Three States—Nebraska, Iowa, and New Mexico—averaged more than 30 nurses per supervisor.

expected to serve large populations. As shown in table 18, an average of one supervisor per 12 or less staff nurses was reported by over twice as many States with the better nurse-to-population ratios than by States with the poorest ratios. Conversely these latter States were represented most frequently in the groups with an average of 20 or more staff per supervisor. No firm conclusions can be drawn from these general observations. Information comparing nurse to population ratios among local agencies and specific populations would be necessary to make clear statements in regard to such relationships. The patterns shown here are merely suggestive but do point out possible weaknesses in public health administration which may help to explain limitation in program effectiveness, and hence warrant further study.

### Ratio of Nurses to School Populations

The actual number of nurses serving school populations is unknown. In many communities, health departments and nonofficial agencies include school nursing services as a part of their generalized programs. As long ago as 1949, in a study of child health services conducted by the American Academy of Pediatrics, it was found that 45 percent of school medical services were ren-

dered by boards of education, 41 percent by official health agencies, and 14 percent by other groups.<sup>(10)</sup> This gives some indication of the extent of the under-reporting of school nursing services based on nursing personnel employed by boards of education alone. Since, in the survey, no attempt was made to collect specific information from the reporting agencies regarding the various programs carried or the amount of nursing time assigned to each, data submitted by boards of education is the only definite information obtained about school nursing services.

Even though this enumeration grossly underestimates the actual situation, it documents the fact that a considerable proportion of nurse manpower is given to the care of school populations. As discussed earlier, (p. 9), a total of 18,852 registered and licensed practical nurses, or 37 percent of all nurses in public health, are employed by boards of education. This gives an overall ratio of 2,586 pupils per nurse. Assuming that this represents only about 45 percent of the service provided to school populations, it would appear that a ratio of one nurse for every 500 to 800 school children is rapidly being approached and may actually have been attained in some communities.

Table 18.—Distribution of nurses<sup>1</sup> in State and local public health agencies, by position and type of agency, January 1968

Type of Agency	All nurses		Administration and consultation		Staff level		Ratio of administrator to staff
	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	
<b>Total</b>	<b>49,356</b>	<b>100</b>	<b>5,059</b>	<b>10</b>	<b>44,297</b>	<b>90</b>	<b>1.9</b>
All State agencies	1,500	100	922	61	578	39	
All local agencies	47,856	100	4,137	9	43,719	91	1.11
Official agency	19,793	100	2,209	11	17,584	89	1.8
Nonofficial <sup>2</sup> agency	6,600	100	1,127	17	5,473	83	1.5
Combination agency	2,611	100	408	16	2,203	84	1.5
Board of education	18,852	100	393	2	18,459	98	1.47

<sup>1</sup> Includes registered and licensed practical nurses, full time and part time.

<sup>2</sup> Includes visiting nurse associations, hospital based and other home care programs, and other nonofficial agencies.

\* This ratio has little meaning since administrative and consultant staff in State agencies are usually responsible for providing technical and professional assistance to local agency staff in addition to other State personnel.

## Type of Position

The traditional classifications of public health nursing positions include the administrator or director, consultant, supervisor, and staff nurse. In the 1968 survey two new titles were reported, those of coordinator and specialist. Coordinators were listed for hospital, home care, and public health programs. Specialists in maternity, child health, tuberculosis, and other fields of public health were similarly cited. Although the total number of nurses in these positions was relatively few (445 coordinators and 647 specialists), the titles may indicate a change in public health nursing practice as well as in position classifications. To analyze the data, they were included with nurses in staff positions even though they may include, in some instances, administrative and perhaps consultative responsibilities as well as direct involvement in patient and family care.

Table 19 (p. 30) describes the distributions and relationships between administrative groups and staff nurses in State and local public health programs according to the type of employing agency.

Although 10 percent of all nurses employed by State and local public health agencies are in administrative, consultative, or supervisory positions, the proportional distributions of these staff vary widely. Since State agencies primarily provide consultation and administrative guidance to local staffs, it is not surprising that 61 percent of nurses employed at the State level are in these administrative positions. The small differences noted in the distributions among local official, nonofficial and combination agencies could also be expected. But the discrepancy between supervisory and consultative nursing personnel employed by boards of education and by other agencies providing local public health nursing services is notable. The overall ratio of one administrator, consultant, or supervisory nurse to 47 staff nurses, employed by boards of education, contrasted with the one-to-five and one-to-eight ratios for other types of local agencies, corroborates these differences. Concern over this apparent lack of supportive personnel at administrative levels is heightened by the findings presented previously (p. 18) of the large number of school nursing staff working alone or with few

other nurses, some of whom have only practical nurse preparation.

Nurse directors or administrators represented 3 percent of all registered nurses employed in public health by State and local agencies; consultants represented only 2 percent. Of these 902 consultants, 75 percent were employed at the State level, mostly by State health departments; of the other 25 percent a majority were employed by large official local health agencies.

The proportion of consultants who function in a clinical or categorical program appears to be fairly constant. Seventy-seven percent of the consultants included in the 1968 census were in special programs compared with 80 percent of those reported in 1966 and 76 percent in 1962. As in 1966, maternal and child health was the most frequently occurring area of specialization, followed by orthopedics, communicable diseases, chronic diseases, and mental health. In 1968 the specialization of home care programs became evident; home care was reported as a specialty by 41 consultants.

## Educational Preparation

The highest educational credential and level of public health preparation was reported for 99.3 percent of the nurses employed full time and for 99.7 percent of those employed part time by State and local agencies. As might have been expected a higher proportion of the full-time nursing personnel have more academic preparation than the part-time group, and this was found in both administrative and staff positions (figure 9, p. 31). Thirty-two percent of full-time nurses have a baccalaureate or higher degree and the preparation recommended for public health whereas only 20 percent of part-time nurses have comparable academic preparation.

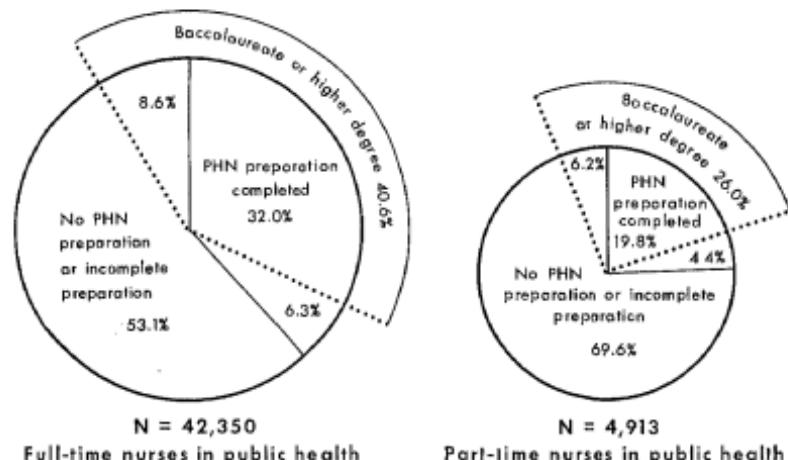
The contrasts in educational preparation of nurses employed in different position classifications by the various types of agencies are evident in table 19. In general, personnel employed at the State level are more likely to be better prepared academically than are personnel in local agencies. In every agency grouping, however, there is a wide differential between the preparation of

Table 19.—Educational preparation of full-time nurses in State and local agencies, by type of agency and position classification, January 1968

Type of agency and position <sup>1</sup>	Percent	Percent	Percent	Percent	Percent
	Academic degree with public health nursing preparation	Academic degree without public health nursing preparation	Public health nursing preparation without academic degree	No academic degree or public health nursing preparation	No academic degree or public health nursing preparation
All State agencies:					
Administrative					
Staff	80	6	6	8	8
All local agencies:					
Administrative					
Staff	31	2	20	47	47
Official agency:					
Administrative					
Staff	66	6	8	20	58
Nonofficial agency:					
Administrative					
Staff	27	9	6	58	58
Combination agency:					
Administrative					
Staff	68	3	10	19	19
Board of education:					
Administrative					
Staff	44	2	4	50	63
Board of education:					
Administrative					
Staff	49	22	5	24	51

<sup>1</sup> Administrative positions include surving director, consultant, and supervisor in public health.

Figure 9. Educational preparation of full- and part-time registered nurses employed for public health work in State and local agencies, January 1968.



SOURCE . Appendix, Tables 1, 14, 15

administrative personnel and staff nurses. Directors of public health nursing services and consultants, as a group, are well prepared educationally. Of State personnel in positions above staff level, 80 percent hold an academic degree and have completed the preparation recommended for public health; 48 percent have a master's degree and public health preparation. Sixty-six percent of all full-time nursing administrators, consultants, and supervisors of local public health services are similarly prepared.

It was of particular interest to note that 63 percent of all nursing directors, consultants, and supervisors in local official public health agencies have an academic degree and public health preparation; almost 24 percent have a master's degree as well as public health preparation. This compares very favorably with reports of local health officers

that show only 28 percent of those administrators educationally prepared in public health. (11)

Although only 5 percent of all nurses in local public health services are employed by combination agencies, the highest percentages of fully prepared nurses at both staff and administrative levels occurred in these combined health department-visiting nurse associations. Administrators and consultants employed by boards of education had low proportions of public health prepared personnel. This finding, considered along with the relatively high proportions of nursing personnel who have an academic degree but no preparation in public health, may indicate that knowledge of public health theory and practice is not considered of much importance to school nursing. It certainly suggests two avenues which need to be explored: (1) the evaluation of the administration and

effectiveness of school health programs which are directed by nurses prepared in public health as compared to those directed by nurses with other types of educational background; (2) the examination by universities of public health curricula for content relevant to school health to determine ways of strengthening this preparation for school nursing practitioners.

A review of table 20 shows that States with the highest proportions of educationally qualified nurses are in the western part of the country. Of the 18 States and Territories which exceed the national average of 30.7 percent of nurses fully prepared with both a baccalaureate or higher degree and approved public health nursing preparation, all but four States, the District of Columbia, and the Virgin Islands, are west of the Mississippi River. These same States and Territories appear when the analysis is based on public health preparation alone. More than 50 percent

of the nurses in public health in seven States (Alaska, Hawaii, California, Washington, Oregon, Colorado, and Minnesota) are fully qualified with both an academic degree and approved public health nursing preparation.

#### **Age and Marital Status**

Almost two-thirds of all nurses in public health are married; only 16 percent are single and 10 percent are divorced, widowed, or separated. These distributions, however, exhibit considerable variation when analyzed separately for nurses in the different positions and in various age groups.

Table 21 shows that 45 percent of registered nurses in administration, consultation, and supervision are married and that single nurses in these positions almost equal the size of the married group. These proportions are very different for nurses in staff positions of whom 74 percent are married and only 15 percent are single, demonstrating a differential of almost 60 percent.

Other discrepancies are evident when age groups are compared. As could be expected, there is a much higher proportion of staff nurses under 40 years of age than there is of nurses in administration at this age level. At the same time, it was surprising to find that the highest proportion of nurses in public health, and of those in staff positions as well as in positions of administration and consultation, are between 40 and 60 years of age (63 percent of the administrative group and 51 percent of staff nurses). This finding is consistent with information obtained on the educational experience of the nurses surveyed which showed almost two-thirds had completed their basic education before 1950.

By examining the various age groupings for patterns of marital status, two major characteristics can be cited. In the administration groups, the proportion of married nurses decreases steadily up to the 40-49 age band, plateaus during that period, and after age 50 continues to decline until in the over 60 age group married nurses represent less than one-fourth of all those in administration and consultation. This decline, to some extent at least, influences the steadily increasing proportions of nurses included in the divorced, widowed, and

**Table 20.—States that exceed the national average in percentage of nurses with both academic degree and public health nursing preparation, January 1968**

State	Percent of nurses
National average	30.7
Alaska	73.7
Washington	60.4
California	59.0
Hawaii	57.3
Oregon	55.2
Colorado	54.2
Minnesota	52.8
Virgin Islands	47.1
Nevada	44.6
District of Columbia	43.4
Wyoming	41.6
New York	41.5
Montana	38.6
Utah	36.9
Indiana	34.8
New Mexico	34.3
Michigan	31.5
Wisconsin	31.4

Table 21.—Percentage distributions of full- and part-time registered nurses<sup>1</sup> in public health, by age, marital status, and position,  
January 1968

Age	Directors, consultants, and supervisors				Staff nurses			
	Total 100	Single Percent Number	Married Percent Number	Sep./Div./ Wid. Percent Number	Total 100	Single Percent Number	Married Percent Number	Sep./Div./ Wid. Percent Number
All ages Percent	4,616 ... . . . .	1,801 39	2,095 45	720 16	38,112 100	5,857 15	28,088 74	4,167 11
Under 30	301 ... . . . .	100 37	61 51	2 6	6,291 100	100 6,759	100 11,061	32 13
30-39	678 ... . . . .	100 43	51 53	6 13	11,061 100	100 8,395	100 2,293	66 79
40-49	1,170 ... . . . .	100 34	53 44	20 24	11,061 100	100 8,395	100 2,293	2 8
50-59	1,715 ... . . . .	100 36	44 52	20 24	11,061 100	100 8,395	100 2,293	10 13
Over 60	697 ... . . . .	100 35	51 55	14 55	3,323 100	100 3,323	100 13	19 84
Age not reported	... . . . .	... . . . .	... . . . .	... . . . .	... . . . .	... . . . .	... . . . .	30 3

<sup>1</sup> Includes 443 nurses (8%) in administrative positions and 4,435 staff nurses (95%) whose marital status was not reported. In both groups the unreported information was distributed equally among all age bands.

separated group. It may also reflect the voluntary withdrawal of married women from positions of responsibility as they become older, the lack of married women to become prepared for these responsibilities, or the influence of customs that tend to enhance the opportunities for single nurses to move into these administrative positions. In any event, the recruitment, preparation and retention of married nurses for public health administration and consultation may be one means of meeting the problem of inadequate direction of nursing programs.

In contrast with the above is the marked excess of married nurses of all age groups in staff positions. This finding shows that large proportions of married women do stay in the public health nurse labor force and, except for those under 30 years of age, only a small proportion of public health nurses are single. These ratios of single to married women in staff positions of public health nursing are more congruent with female populations of the United States in general than are the ratios observed in the administrative groups. The results of these analyses emphasize the importance of looking into reasons for differences observed among the groups and suggest possible untapped

resources for program directors, consultants, and supervisors for public health nursing.

### Practical Nurses in Public Health

A few additional findings are worthy to report in regard to age distributions among the populations of nurses. Although the ratios of single to married licensed practical nurses in public health are almost identical to those of registered staff nurses (16 single to 69 married practical nurses), the licensed practical nurses in public health appear to be somewhat younger than the registered staff nurse. Of all practical nurses employed in public health, 20 percent are under 30 and 47 percent are under 40 years of age. This compares favorably with the 34 percent of all the registered staff nurses in public health who are under 40 years of age. Only 22 percent of the licensed practical nurses are over 50 years of age whereas almost 30 percent of the registered staff nurses are in this age grouping. These proportions of young practical nurses already involved in public health work may offer opportunities to test various patterns of career development among this group. If, as would be hoped, their early experiences in public health heighten their learning and motivation, this group could be an important potential for professional nursing through career ladder processes.



**APPENDIX**



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AGENCY	TOTAL	GRADUATE DEGREE			BACCALAUREATE			ASSOCIATE DEGREE OR DIPLOMA			OTHER OR NOT SPECI- FIED					
		RN PREPARATION			PN PREPARATION			PHN PREPARATION								
		TOTAL	COM- MUNIC- AL PLATE	NOT RE- PORDED	TOTAL	COM- MUNIC- AL PLATE	NOT RE- PORDED	TOTAL	COM- MUNIC- AL PLATE	NOT RE- PORDED						
TOTAL	1,136 <sup>a</sup>	751	27	5	2	311	276	26	16	2	55	13	22	38	1	9
AMERICAN NURSES' ASSOCIATION	3	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—
AMERICAN RED CROSS	36	6	6	—	—	25	25	4	—	—	6	—	5	2	—	—
ARMY NURSE CORPS	123	37	37	—	—	83	83	—	—	—	3	3	—	—	—	—
AIR FORCE CORPS	50	1	1	—	—	6	6	2	—	—	21	—	10	12	—	—
NATIONAL LEAGUE FOR NURSING	7	7	6	1	—	—	—	—	—	—	—	—	—	—	—	—
NAVY NURSE CORPS	11	—	—	—	—	13	13	—	—	—	—	—	—	—	—	—
U. S. DEPT. OF H. & W.	122 <sup>b</sup>	111	33	—	—	1	1	—	—	—	—	—	—	—	—	—
CHILDREN'S BUREAU	113	91	86	4	3	—	13	3	3	3	8	2	5	1	2	2
PUBLIC HEALTH SERVICE	182	47	43	4	—	116	98	6	12	—	16	7	2	6	1	3
VETERANS' ADMINISTRATION	418	520	518	—	2	65	69	14	2	2	—	—	—	—	—	4
UNIVERSITIES (99)																

<sup>a</sup> Includes 51 part-time at universities and 5 part-time at national government.

<sup>b</sup> Excludes one officer in Marine Administration and one in administration on active.

Table 23.—PERCENTAGE INCREASE IN NUMBER OF AGENCIES EMPLOYING NURSES FOR PUBLIC HEALTH WORK AND OF NURSES EMPLOYED FULL TIME AND PART TIME, JANUARY 1, 1966, TO JANUARY 1, 1968.

TYPE OF AGENCY*	AGENCIES EMPLOYING NURSES IN PUBLIC HEALTH			REGISTERED NURSES AND LICENSSED PRACTICAL NURSES IN PUBLIC HEALTH		
	1966	1968	Increase Number Percent	1966	1968	Increase Number Percent
TOTAL	8,853	9,995	1,142 13	45,161	56,452	11,311 20
NATIONAL AGENCY	9	9	" —	493	518	25 5
UNIVERSITY	180	191	11 6	520	618	89 17
STATE AGENCY	92	111	19 18	1,229	1,500	271 23
LOCAL AGENCY	8,572	9,684	1,112 13	39,919	47,156	7,237 20
OFFICIAL AGENCY	2,503	2,622	119 5	16,979	18,793	2,814 17
VISITING NURSE SERVICE AND OTHER NONOFFICIAL AGENCY	758	765	7 1	5,248	6,235	987 19
COMBINATION AGENCY	85	100	15 16	2,303	2,611	308 13
HOSPITAL BASED PROGRAM	17	127	110 647	47	365	318 677
BOARD OF EDUCATION	5,209	6,070	861 17	15,340	16,452	3,112 23

\* U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Nursing. Nurses in Public Health, January 1, 1966.

FHS Publication No. 705 (Revised 1967). Washington, U. S. Government Printing Office.

Table 24.—REGISTERED NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK, AND AVERAGE ANNUAL PERCENTAGE CHANGE, BY TYPE OF AGENCY\*, SELECTED YEARS 1938-48

TYPE OF AGENCY	REGISTERED NURSES FULL TIME			AVERAGE ANNUAL PERCENT CHANGE		
	1938	1948	1937	1948	1938-48	1948-57
TOTAL	19,362	22,605 <sup>2/</sup>	29,296 <sup>3/</sup>	43,759	1.5	3.0
NATIONAL AGENCY	86	222	709	513	6.1	13.7
UNIVERSITY	37	-	-	567	-	3.9
STATE AGENCY	827	1,503	1,584	1,424	1.9	5.2
LOCAL AGENCY	16,532	21,367	26,443	41,255	1.4	2.5
OFFICIAL AGENCY	8,702 <sup>1/</sup>	11,171	13,069	17,183	2.5	3.3
NONOFFICIAL AGENCY	5,363 <sup>2/</sup>	5,057	4,096	4,625	-1.6	-2.3
COMBINATION AGENCY	-	-	923	2,269	-	8.5
HOSPITAL BASED	-	-	-	210	-	-
BOARD OR EDUCATION	3,487	5,019	9,355	16,948	2.6	7.2
					5.6	

1/ Included 116 nurses in Indian Service.

2/ Included 602 nurses in insurance companies.

3/ Total included 133 in schools of nursing not included in University.

4/ Total included 660 clinic nurses not distributed by type of agency.

TABLE 25.—NURSES EMPLOYED FULL TIME AND PART TIME, JANUARY 1, 1960<sup>1</sup> AND JANUARY 1, 1968

TYPE OF AGENCY	REGISTERED NURSE				LICENSED PRACTICAL NURSE			
	TOTAL 1960 1968	FULL TIME 1960 1968	PART TIME 1960 1968	TOTAL 1960 1968	FULL TIME 1960 1968	PART TIME 1960 1968	PART TIME 1968	
TOTAL	33,737 48,742	22,145 43,250	1,592 4,783	356 1,750	213 1,657	23 203		
NATIONAL AGENCY <sup>2</sup>	565 518	565 513	— 5	—	—	—	—	
UNIVERSITY	332 618	332 567	— 51	—	—	—	—	
STATE AGENCY	1,076 1,460	1,087 1,426	9 60	—	10	—	10	
LOCAL AGENCY	31,766 46,216	30,481 43,255	1,593 4,861	356 1,740	233 1,637	23 103		
OFFICIAL AGENCY	16,385 19,070	13,788 17,183	597 1,887	132 723	143 689	9 34		
NONOFFICIAL AGENCY	4,504 5,425	4,168 4,605	296 1,020	168 610	157 563	11 47		
COMBINATION AGENCY	1,192 2,461	1,145 2,269	27 192	36 136	33 142	3 8		
HOSPITAL BASED	— 315	— 230	— 65	— 56	— 40	— 10		
BOARD OF EDUCATION	11,683 18,845	11,060 16,568	623 1,677	— 207	— 203	— 6		

<sup>1</sup> U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Nursing. PHS Publication No. 705 (Revised 1960). Washington, D.C., Government Printing Office.

<sup>2</sup> Nurses in Public Health, January 1, 1960.

Table 26. FREQUENCY DISTRIBUTION OF LOCAL AGENCIES BY NUMBER OF REGISTERED NURSES EMPLOYED FULL TIME AND PART TIME FOR PUBLIC HEALTH WORK, JANUARY 1, 1948

NUMBER OF FULL-TIME NURSES IN AGENCY	REGISTERED NURSES	NUMBER OF LOCAL AGENCIES BY TYPE						BOARD OF EDUCA- TION	
		TOTAL PART-TIME NURSES	TOTAL HEALTH DEPART- MENT	OTHER OFFICIAL	VISITING NURSE SERVICE	NON- OFFICIAL	COMMU- NATION AGENCY		
TOTALS	41,255	4,861	9,617	2,119	501	613	146	110	
NO FULL-TIME NURSE	-	1,168	983	100	47	36	21	1	
1	3,697	610	3,489	650	262	185	69	7	
2 - 4	5,960	745	2,206	718	240	187	43	19	
5 - 9	5,637	489	873	327	38	185	16	19	
10 - 24	7,447	634	517	222	28	89	4	29	
25 - 49	3,973	213	114	48	4	29	-	11	
50 - 99	4,507	425	46	74	2	10	-	11	
100 OR MORE	5,320	461	29	20	-	2	-	3	
SIZE OF AGENCY NOT REPORTED	4,712	146	1,288 <sup>1/</sup>	-	-	-	-	4	

<sup>1/</sup> New York and Pennsylvania reported total numbers of boards of education or school systems. It is assumed that all of those employed at least one full-time nurse.

Table 27-- REGISTERED NURSES EMPLOYED FULL TIME OR PART TIME FOR PUBLIC HEALTH WORK IN STATE AND LOCAL AGENCIES,  
BY TYPE OF DRAFTING AGENCY, JANUARY 1, 1968

STATE	GRAND TOTAL AGENCY	TOTAL TIME AGENCY	LOCAL AGENCY						
			TOTAL HEALTH DEPART- MENT	OTHER OFFICIAL	VISITING NURSE SERVICE	OTHER NURSE OFFICIAL	CORPOR- ATION AGENCY	HOSPITAL BASED	BOARD OF EDUCATION
TOTAL	1,413	4,316	1,316	1,216	32	+	+	+	38
ALABAMA	288	43	316	309	15	32	+	+	38
AKSOKA	101	1	101	101	+	+	+	+	1
ARIZONA	637	6	628	594	38	45	+	+	304
ARKANSAS	373	6	247	248	+	7	+	+	94
CALIFORNIA	4,740	59	4,681	1,623	+	423	+	88	2,455
COLORADO	397	19	412	38	43	6	8	361	215
CONNECTICUT	1,010	26	1,141	217	86	423	+	41	246
DELAWARE	254	2	249	2	50	38	3	+	183
DISTRICT OF COLUMBIA	354	17	381	265	+	49	+	+	48
FLORIDA	1,951	49	1,945	576	+	132	+	424	9
GEORGIA	867	92	786	328	9	35	+	55	74
HAWAII	203	2	203	172	+	+	+	+	11
IDAHO	149	8	141	29	7	+	+	48	53
ILLINOIS	2,087	82	2,122	648	159	254	+	95	1,855
INDIANA	516	12	512	282	+	89	+	37	465
IRELAND	631	27	445	66	46	33	+	49	427
IDAHO	231	19	236	276	+	8	+	+	312
KANSAS	449	47	407	310	9	40	+	+	34
Louisiana	487	33	525	49	22	20	+	14	34
MARYLAND	254	37	259	45	55	33	+	33	39
MARYLAND	134	13	112	97	+	33	3	+	116
MASSACHUSETTS	2,025	50	2,069	602	15	657	+	4	670
MISSISSIPPI	1,039	23	1,018	685	8	103	13	96	812
MISSOURI	502	21	502	19	129	41	+	39	930
MISSISSIPPI	268	12	216	187	+	+	+	+	23
MISSOURI	601	20	946	293	+	94	12	31	10
Montana	132	11	121	23	21	+	+	+	13
NEVADA	221	12	209	12	+	+	+	33	138
NEVADA	146	4	126	37	19	9	+	14	53
NEW HAMPSHIRE	268	19	253	173	19	84	0	+	332
NEW JERSEY	2,032	27	2,145	943	8	805	18	73	394
NEW MEXICO	332	17	372	41	63	10	+	+	224
NEW YORK	5,818	47	5,121	405	223	385	62	41	3,828
North Carolina	2,221	22	2,191	815	62	2	9	111	378
NORTH DAKOTA	85	6	78	75	+	+	+	+	3
OHIO	1,648	24	386	80	29	194	36	283	437
Oklahoma	431	23	408	216	35	+	3	65	129
OREGON	432	24	433	283	18	29	39	+	94
PENNSYLVANIA	3,571	121	3,393	214	126	821	24	45	2,852
PENNSYLVANIA	309	27	292	+	+	119	3	+	324
South Carolina	467	35	476	213	5	19	+	+	323
SOUTH DAKOTA	171	6	162	39	27	8	+	4	82
TEXAS	161	27	142	462	8	35	9	+	39
TEXAS	2,075	52	2,072	517	50	73	+	+	1,422
Utah	149	27	173	121	3	18	+	2	25
VERMONT	166	7	175	8	41	41	+	+	62
Virginia	756	29	715	609	+	47	+	+	149
Washington	746	19	747	210	+	32	+	242	5259
West Virginia	300	38	264	148	+	4	38	+	51
Wisconsin	945	25	923	620	13	170	8	+	113
Wyoming	901	8	93	99	15	170	+	+	59
ZUMA	32	2	28	29	+	+	+	+	+
PACIFIC RIM	40	15	406	291	4	7	+	8	1
VIRGIN ISLANDS	51	5	56	+	56	+	+	+	5

Table 2B— NUMBER OF STATE AND LOCAL AGENCIES EMPLOYING REGISTERED NURSES FULL TIME AND/OR PART TIME FOR PUBLIC HEALTH WORK,  
BY TYPE OF AGENCY, JANUARY 1, 1968.

STATE	GRAND TOTAL	TOTAL STATE AGENCY	LOCAL AGENCY							
			TOTAL	HEALTH DEPART- MENT	OTHER OFFICIAL	VISITING NURSE SERVICE	OTHER NON- OFFICIAL	COMBI- NATION AGENCY	HOSPITAL BASED	BOARD OF EDUCATION
TOTAL	9728	111	9637	2319	501	613	149	106	147	604
ALABAMA	77	6	13	86	+	4	*	*	*	5
ALASKA	15	1	19	2	2	2	*	*	*	5
ARIZONA	19	1	15	13	4	2	*	*	*	37
ARKANSAS	142	1	142	70	4	3	*	*	*	19
CALIFORNIA	509	6	535	47	4	23	*	2	*	436
COLORADO	95	1	59	4	29	1	1	1	*	56
CONNECTICUT	220	1	219	18	25	72	27	3	*	98
DELAWARE	58	3	55	1	6	11	2	*	*	47
DIST. OF COLUMBIA	9	1	1	1	+	1	4	*	*	1
FLORIDA	89	2	78	34	4	1	3	34	*	1
GEORGIA	96	1	59	69	2	1	1	1	*	21
HAWAII	4	1	5	2	+	*	*	*	*	2
IDAHO	51	3	50	3	7	1	4	4	*	26
ILLINOIS	657	2	655	82	58	27	29	5	*	457
INDIANA	205	3	202	76	+	21	9	5	*	283
IOWA	330	2	329	26	33	15	*	6	*	230
KANSAS	193	3	191	95	1	1	*	*	*	125
KENTUCKY	340	3	357	132	1	2	1	*	*	25
Louisiana	204	3	101	32	21	2	4	*	*	16
MAINE	211	6	105	22	8	26	7	*	*	41
MARYLAND	46	1	45	26	+	1	1	*	*	18
MASSACHUSETTS	275	3	253	120	1	124	18	*	*	465
MICHIGAN	237	3	234	59	3	12	8	*	*	235
MINNESOTA	297	5	295	66	+	12	*	*	*	213
MISSISSIPPI	195	1	194	81	+	*	*	*	*	23
MISSOURI	300	3	293	76	+	9	2	1	6	269
MONTANA	41	1	40	3	27	*	*	*	*	19
NEBRASKA	63	2	61	5	+	*	*	*	*	53
NEVADA	18	1	18	1	2	*	*	*	*	10
NEW HAMPSHIRE	146	3	143	6	2	43	4	*	*	68
NEW JERSEY	659	2	657	187	29	34	9	2	6	490
NEW MEXICO	72	1	71	7	4	1	*	*	*	59
NEW YORK	643	1	641	30	33	25	18	2	*	621
NORTH CAROLINA	170	1	171	79	23	1	6	2	*	48
NORTH DAKOTA	26	1	24	21	1	*	*	*	*	2
OHIO	364	2	384	145	10	37	7	6	2	154
OKLAHOMA	91	1	87	54	4	+	2	*	*	22
OREGON	55	4	51	33	1	1	2	*	*	12
PENNSYLVANIA	758	1	757	5	45	82	11	*	*	594
RHODE ISLAND	59	3	56	+	*	17	2	*	*	37
SOUTH CAROLINA	89	2	88	46	+	2	*	*	*	38
SOUTH DAKOTA	51	2	49	4	2	*	*	*	*	49
TEXAS	576	2	571	93	48	1	5	*	*	35
UTAH	44	4	40	28	2	1	*	*	*	8
VERMONT	92	2	90	2	5	35	*	1	*	67
VIRGINIA	81	1	80	48	+	9	1	*	*	29
WASHINGTON	101	3	109	29	+	3	2	3	*	69
WEST VIRGINIA	32	1	32	13	+	12	2	2	*	24
WISCONSIN	228	3	225	133	+	16	6	*	*	192
WYOMING	55	3	54	2	8	*	*	*	*	45
GUNK	2	3	1	2	*	*	*	*	*	*
Puerto Rico	11	1	10	7	4	2	*	*	*	1
VIRGIN ISLANDS	5	2	7	4	2	*	*	*	*	1

Table 29--REGISTERED AND LICENSED PRACTICAL NURSES EMPLOYED FULL TIME AND PART TIME FOR PUBLIC HEALTH WORK  
IN STATE AND LOCAL AGENCIES BY TYPE OF POSITION, JANUARY 1, 1958

STATE	REGISTERED NURSE							LICENSED PRACTICAL NURSE		
	TOTAL	FULL TIME	PART TIME	ADMINISTRATIVE	CONSULTANT	SUPERVISOR	STAFF	TOTAL	FULL TIME	PART TIME
TOTAL	419,04	426,79	49,27	12,9	94	294	4,764	179	264	103
ALABAMA	389	356	33	10	9	19	393	2	3	1
ARKANSAS	121	111	3	3	2	1	121	3	1	1
ARIZONA	623	605	29	8	18	2	205	22	25	2
ARMENIA	237	216	2	2	4	10	263	34	39	1
CALIFORNIA	4142	4024	98	314	68	639	4,297	*	*	*
COLORADO	497	464	33	26	44	78	461	48	26	2
CONNECTICUT	1039	949	90	249	19	87	1039	29	22	1
DELAWARE	296	217	79	11	1	8	240	12	23	1
DIST. OF COLUMBIA	394	381	23	6	7	26	343	94	96	2
FLORIDA	1081	1071	43	54	14	123	982	13	10	3
GEORGIA	819	782	21	16	25	48	732	48	47	1
HAWAII	133	123	10	3	3	12	123	12	12	1
IDAHO	159	127	22	4	3	0	124	6	6	1
ILLINOIS	2162	1914	463	67	86	343	2,956	197	197	2
INDIANA	931	886	93	48	26	58	829	26	20	6
IRVING	674	531	143	21	11	18	482	16	14	2
KANSAS	1329	1259	72	11	25	25	1279	25	27	1
KENTUCKY	469	437	92	11	16	27	493	14	12	2
Louisiana	487	470	21	16	39	53	481	32	30	2
Maine	236	216	43	12	9	28	219	1	1	1
MARYLAND	1146	1056	208	45	19	78	1012	17	17	1
MASSACHUSETTS	1739	1713	65	16	56	128	1709	57	57	1
MICHIGAN	1252	1184	175	92	41	108	1142	79	79	1
MINNESOTA	902	865	233	19	25	41	813	36	36	5
MISSISSIPPI	706	576	2	3	59	23	563	4	4	1
MISSOURI	1082	927	86	16	28	44	916	32	31	1
Montana	133	121	21	3	12	10	121	2	2	1
NEBRASKA	223	180	41	8	3	7	209	3	3	1
NEVADA	130	103	29	6	1	11	113	3	3	1
NEW HAMPSHIRE	286	210	77	7	3	11	265	3	2	1
NEW JERSEY	2328	2111	221	58	26	319	2278	76	67	9
NEW MEXICO	437	397	14	5	11	10	398	15	12	1
NEW YORK	5876	5365	515	101	38	378	5236	198	192	8
NORTH CAROLINA	796	662	98	19	23	56	846	42	20	2
NORTH DAKOTA	84	82	3	3	4	19	84	2	2	1
OHIO	1253	1162	223	51	37	186	1183	82	82	9
OKLAHOMA	437	350	55	5	13	20	352	32	32	1
OREGON	493	364	69	9	10	43	374	23	18	5
PENNSYLVANIA	2521	2339	221	41	28	285	2377	76	68	5
PITTSBURGH LANDS	149	120	34	13	15	27	244	24	24	1
PUERTO RICO, I.M.A.	446	403	26	9	10	36	384	14	12	2
SOUTH DAKOTA	171	116	18	6	8	13	158	12	11	1
TEXAS	558	536	13	9	11	48	501	46	46	1
VERMONT	276	2147	67	32	50	68	2663	110	110	1
W.D.C.	386	322	62	9	38	5	382	5	5	1
WISCONSIN	180	181	48	7	9	163	181	5	2	3
WYOMING	936	897	23	16	11	93	884	26	26	1
WYOMING	766	642	165	23	18	50	649	17	16	3
WEST VIRGINIA	270	264	8	5	10	239	5	4	1	
WICHITA FALLS	500	493	23	8	19	97	518	34	33	1
WICHITA SPRINGS	181	81	10	2	2	5	93	*	*	*
WICHITA SPRINGS	21	32	4	2	4	6	23	3	3	1
WICHITA SPRINGS	427	388	39	10	10	45	346	84	84	1
WICHITA ISLANDS	51	56	1	3	4	3	61	*	*	*

TABLE 30.—RATIOS OF FULL-TIME REGISTERED NURSES EMPLOYED FOR PUBLIC HEALTH IN STATE AND LOCAL AGENCIES AND PERCENT PREPARED IN PUBLIC HEALTH, JANUARY 1968

STATE	NURSES, NR 100,000 POPULATION	POPULATION PER NURSE	PERCENT NURSE PREPARED IN PUBLIC HEALTH
U.S. and Territories	21.3	1203	36.5
ALABAMA	39.1	9991	26.3
ALASKA	29.2	2542	86.0
ARIZONA	34.4	2324	37.8
ARKANSAS	33.8	2725	31.5
CALIFORNIA	23.5	4261	63.4
COLORADO	28.5	3367	62.3
CONNECTICUT	38.6	3094	55.8
DELAWARE	45.6	2445	21.8
DIST. OF COLUMBIA	43.2	2138	68.8
FLORIDA	17.6	5753	36.2
GEORGIA	17.3	5388	37.8
HAWAII	26.1	4976	95.5
IDAHO	16.6	6359	34.5
ILLINOIS	17.6	5664	33.7
INDIANA	16.7	5992	41.8
IRVING	39.3	5931	21.1
KANSAS	29.3	6827	26.8
KENTUCKY	32.7	7887	16.5
Louisiana	32.8	7839	27.6
MARYLAND	21.9	6569	36.3
MARYLAND	26.0	3850	37.6
MASSACHUSETTS	32.0	3839	26.5
MICHIGAN	13.5	7681	36.9
MINNESOTA	28.3	5689	30.8
MISSISSIPPI	33.8	7231	7.1
MISSOURI	29.3	4690	17.0
Montana	17.3	5769	35.7
NEBRASKA	12.5	8112	35.8
NEVADA	21.9	4356	33.5
NEW HAMPSHIRE	36.6	3271	15.7
NEW JERSEY	31.7	3153	39.4
NEW MEXICO	26.4	3313	44.8
NEW YORK	26.4	5359	35.2
NORTH CAROLINA	17.4	5751	38.4
NORTH DAKOTA	32.8	7790	39.3
OHIO	16.2	6857	23.4
OKLAHOMA	15.9	6391	18.6
OREGON	16.4	5637	63.8
PENNSYLVANIA	27.3	3635	26.8
RhODE ISLAND	21.7	3151	36.5
SOUTH CAROLINA	36.6	6061	23.2
SOUTH DAKOTA	17.4	5729	37.4
TENNESSEE	14.1	7487	36.8
TEXAS	19.8	5252	27.6
UTAH	35.7	5685	45.2
VERMONT	21.6	2182	30.5
VIRGINIA	18.7	5268	30.2
WASHINGTON	26.6	5663	71.1
WEST VIRGINIA	14.5	6987	11.8
WISCONSIN	18.5	5025	31.9
WYOMING	25.3	3951	31.3
GUAM	35.0	2028	9.7
PuERTO RICO	14.4	6951	12.8
VIRGIN ISLANDS	35.3	1149	39.3

TABLE 3-- RATIOS OF FULL-AND PART-TIME REGISTERED NURSES EMPLOYED FOR PUBLIC HEALTH IN STATE AND LOCAL AGENCIES,  
EXCLUDING LOCAL BOARDS OF EDUCATION, AND PERCENT PREPARED IN PUBLIC HEALTH<sup>a</sup> JANUARY 1961

STATE	NURSES PER 100,000 POPULATION	POPULATION PER NURSE	PERCENT/NURSE PREPARED IN PUBLIC HEALTH
U.S. and Territories	18.6	6837	46.5
ALABAMA	23.5	8443	18.2
ALASKA	39.4	3468	45.3
ARIZONA	38.6	5390	52.3
ARMENIA	9.2	10982	17.9
CALIFORNIA	11.9	8418	77.6
COLORADO	25.9	4387	55.2
CONNECTICUT	28.7	3543	41.6
DELAWARE	13.4	3716	43.7
DISTRICT OF COLUMBIA	42.8	2231	52.6
FLORIDA	18.0	5563	34.7
GEORGIA	16.3	6151	35.9
HAWAII	11.9	5586	36.4
IDAHO	12.7	7295	34.9
ILLINOIS	10.3	9874	34.8
INDIANA	9.3	16796	26.0
IOWA	8.6	11696	22.9
KANSAS	11.3	9816	13.0
KENTUCKY	13.0	7876	13.1
Louisiana	11.7	8513	18.6
MARYLAND	23.8	4057	35.8
MASSACHUSETTS	26.1	3583	37.6
MICHIGAN	25.1	3895	36.9
MINNESOTA	11.9	8890	34.9
MISSISSIPPI	11.6	8433	17.3
MISSOURI	12.8	7254	7.8
NEBRASKA	18.7	6346	17.1
NEVADA	38.8	3866	32.5
NEVADA	5.1	18294	38.2
NEW HAMPSHIRE	10.2	3559	45.1
NEW JERSEY	22.6	4423	16.3
NEW MEXICO	13.5	6237	26.7
NEW YORK	14.5	4619	36.0
North CAROLINA	18.9	5866	46.9
North DAKOTA	19.3	6048	26.5
OHIO	13.0	7093	33.0
Oklahoma	13.2	7267	32.2
OREGON	13.9	6226	33.4
PENNSYLVANIA	38.5	3393	71.6
PRIOR ISLAND	12.8	2689	34.8
RHODE ISLAND	22.8	4185	31.9
SOUTH CAROLINA	12.6	7939	22.5
WEST DAKOTA	12.5	6673	48.4
TENNESSEE	12.0	7645	38.6
TEXAS	7.4	12529	23.9
UTAH	14.3	6847	34.4
VERMONT	24.5	4391	46.3
VERMONT	18.3	3441	39.1
WASHINGTON	13.8	4561	41.3
WEST VIRGINIA	39.4	5953	6.3
WISCONSIN	19.4	5038	55.3
WYOMING	10.7	10669	95.3
GUAM	23.8	3033	3.4
Puerto RICO	13.8	6367	10.9
VIRGIN ISLANDS	87.5	11419	25.3

<sup>a</sup>/ Percentages include only full-time nurses in local agencies.

Table 30.—CONSULTANT HOURS IN STATE AND LOCAL PUBLIC HEALTH AGENCIES,  
BY PRIMARY AREA OF RESPONSIBILITY, 1952, 1956, AND 1960

PRIMARY AREA OF RESPONSIBILITY	1952 1/	1956	1960		
			TOTAL	FULL TIME	PART TIME
GENERALIZED	315	317	289	265	4
SPECIALIZED	357	358	683	468	25
CHRONIC 2/	77	73	83	59	1
CIVIL DEFENSE	8	4	6	6	—
COMMUNICABLE	85	66	34	22	2
EDUCATION	27	29	24	24	—
GBIATRICS	—	8	9	9	—
HOSPITAL	39	27	46	44	—
HOME CARE	—	—	41	26	3
MATERIAL AND CHILD HEALTH	72	111	138	133	2
MENTAL HEALTH	47	48	57	49	8
MINERAL RETARDATION	13	26	12	16	2
NURSING HOME	66	38	34	34	—
OCCUPATIONAL HEALTH	39	29	19	18	1
ORTHOPEDIC	302	86	51	79	2
PHYSICAL THERAPY	—	18	22	22	1
SCHOOL HEALTH	15	23	26	26	—
SPECIALIZED PROJECT AND CATHERGICAL PROGRAM	—	200	31	36	3
OTHER SPECIALTY	13	13	7	7	—

1/ Data on consultant working part time were not reported in 1952.

2/ Chronic includes cancer, heart disease, other chronic and rehabilitation in both years. Biopsychiatric, somated under "Other" in 1960, is included with "Chronic" in 1956.

Table 33.—MARRITAL STATUS AND AGE GROUP OF NURSES EMPLOYED FOR PUBLIC HEALTH WORK,<sup>a</sup>  
BY TYPE OF POSITION, JANUARY 1, 1948

MARRITAL STATUS AND AGE GROUP	GRAND TOTAL	REGISTERED NURSE				LICENSED PRACTICAL NURSE			
		FULL TIME		PART TIME		TOTAL		TOTAL	
		ADMINISTRATIVE STAFF	TEACHING	ADMINIS- TRATIVE STAFF	TEACHING	FULL TIME	PART TIME	FULL TIME	PART TIME
TOTAL	47956	47006	4848	37813	293	4786	37950	3447	103
UNDER 30	7482	7392	350	4493	22	516	251	878	13
30-39	6847	6714	677	4086	52	1889	470	455	28
40-49	14857	13551	1253	5951	53	1717	503	474	29
50-59	11775	11399	1844	6696	39	817	316	271	23
60 AND OVER	9347	8783	710	2379	15	212	64	51	13
AGE NOT REPORTED	3863	3625	64	3679	*	62	38	38	*
SINGLE	7940	7856	1771	5721	30	196	282	244	14
UNDER 30	2245	2140	169	2021	3	27	120	125	4
30-39	1243	1163	285	845	7	26	40	58	2
40-49	1380	1248	296	812	4	26	52	69	3
50-59	1704	1675	628	7045	7	15	29	26	2
60 AND OVER	959	949	354	551	9	95	27	14	6
AGE NOT REPORTED	466	463	19	443	*	1	1	1	*
MARRIED	51387	50185	1493	2693	142	4377	1294	1174	70
UNDER 30	4523	4521	167	3640	16	468	202	190	12
30-39	6851	5704	299	4112	52	1247	387	339	18
40-49	10024	9661	549	7552	45	1394	373	390	23
50-59	6737	6499	720	5072	26	671	208	186	20
60 AND OVER	2215	1886	164	910	3	136	29	24	5
AGE NOT REPORTED	2847	2812	23	2778	*	51	35	35	*
WIDOWED, DIVORCED, OR SEPARATED	5145	4887	707	8905	13	262	248	247	11
UNDER 30	157	151	5	116	1	9	26	25	1
30-39	659	550	39	471	2	98	59	56	3
40-49	1420	1222	154	2085	2	81	78	75	2
50-59	2815	1956	399	1834	5	74	79	77	2
60 AND OVER	840	685	162	681	3	59	15	13	2
AGE NOT REPORTED	104	103	3	94	4	1	1	1	*
NOT REPORTED	4884	4678	437	4128	6	397	6	6	6
UNKNOWN	742	729	20	676	2	22	3	3	*
40-49	2179	2177	60	638	1	76	2	2	*
50-59	1323	1225	184	1071	1	116	*	*	*
60 AND OVER	1289	1289	167	1054	2	97	*	*	*
AGE NOT REPORTED	323	303	43	250	*	5	*	*	*

<sup>a</sup> Administration includes directors, assistant directors, consultants, and superintendents.

Table 36-- LICENSED PRACTICAL NURSES EMPLOYED FULL TIME AND PART TIME FOR PUBLIC HEALTH WORK,  
BY TYPE OF EMPLOYING AGENCY, JANUARY 1, 1968

STATE	TOTAL	EMPLOYMENT STATUS		TYPE OF AGENCY							
		FULL TIME	PART TIME	LOCAL							
				STATE	HEALTH DEPART- MENT	OTHER OFFICIAL	VISITING NURSE SERVICE	OTHER NON- OFFICIAL	COMBI- NATION	HOSPITAL BASED	BOARD OF EDUCATION
TOTAL	1790	1647	103	10	638	109	554	56	198	56	207
ALABAMA	3	3	*	*	2	2	2	*	*	*	1
ALASKA	4	6	*	*	2	2	*	*	*	*	*
ARIZONA	37	35	2	*	4	23	10	*	*	*	*
ARKANSAS	34	33	1	*	+	*	2	*	*	*	32
CALIFORNIA	4	4	*	*	+	*	*	*	*	*	*
COLORADO	33	30	3	*	1	*	*	*	32	*	*
CONNECTICUT	29	21	8	*	*	+	22	*	*	*	1
DELAWARE	11	11	*	*	*	2	9	*	*	*	*
DIST. OF COLUMBIA	86	64	*	*	8	*	17	*	*	*	*
FLORIDA	13	10	3	*	1	*	8	*	*	*	*
GEORGIA	46	47	1	1	26	1	*	*	5	*	19
HAWAII	12	12	*	*	12	*	*	*	*	*	*
IDAHO	6	6	*	*	4	*	*	*	*	*	*
ILLINOIS	197	152	35	*	69	22	83	6	7	26	54
INDIANA	26	20	4	*	13	*	7	*	2	*	*
IOWA	36	34	2	*	*	2	14	*	2	*	*
KANSAS	6	3	*	*	3	2	*	*	*	*	*
KENTUCKY	34	32	2	*	*	*	*	*	*	*	32
LOUISIANA	32	20	2	*	3	1	15	3	*	*	9
MARYLAND	1	1	*	*	2	*	*	*	*	*	*
MASSACHUSETTS	37	37	18	*	9	1	54	9	*	*	*
MINNESOTA	19	17	*	*	15	*	49	*	16	*	*
MISSOURI	36	29	9	*	1	*	9	*	10	*	*
MISSISSIPPI	2	2	*	*	*	*	*	*	*	*	*
MISSOURI	35	31	1	*	19	*	8	*	1	1	9
NEBRASKA	2	2	*	*	*	2	*	*	*	*	*
NEVADA	1	6	*	*	*	*	*	*	*	*	*
NEW HAMPSHIRE	3	3	*	*	*	*	*	*	*	*	*
NEW JERSEY	70	67	3	*	19	1	47	*	4	1	*
NEW MEXICO	33	32	1	*	2	9	1	*	*	*	*
NEW YORK	196	152	9	*	62	*	107	6	*	*	1
NORTH CAROLINA	22	20	2	*	6	6	*	4	4	*	*
NORTH DAKOTA	2	3	1	*	*	*	*	*	*	*	*
OHIO	83	80	3	*	40	*	13	10	19	1	*
OKLAHOMA	39	32	*	*	9	*	*	*	16	*	*
OREGON	21	18	*	*	11	6	3	1	2	*	*
PENNSYLVANIA	35	35	9	*	*	1	49	6	*	*	*
RHODE ISLAND	25	24	1	*	*	*	23	*	*	*	*
SOUTH CAROLINA	14	12	2	*	*	*	2	*	*	*	12
SOUTH DAKOTA	12	13	1	*	*	2	*	*	*	*	*
TEXAS	66	65	1	*	46	*	*	*	*	*	20
UTAH	118	118	*	*	79	*	13	*	*	*	24
VERMONT	3	2	2	*	3	*	*	*	*	*	*
VIIRGINIA	26	26	*	*	16	*	6	*	*	*	4
WASHINGTON	17	16	3	*	2	*	3	*	12	*	*
WISCONSIN	3	4	*	*	3	*	4	*	*	*	*
WYOMING	36	35	6	*	37	*	19	*	*	*	*
GUAM	3	3	*	*	*	*	*	*	*	*	*
Puerto Rico	86	44	2	*	9	*	*	*	*	*	*
VIRGIN ISLANDS	*	*	*	*	*	*	*	*	*	*	*

Table 35.—LICENSED PRACTICAL NURSES EMPLOYED FULL TIME AND PART TIME FOR PUBLIC HEALTH WORK,  
BY TYPE OF EMPLOYING AGENCY, MARITAL STATUS, AND AGE GROUP, JANUARY 1, 1968

MARITAL STATUS AND AGE GROUP	EMPLOYMENT STATUS	TYPE OF AGENCY						BOARD OF EDUCATION
		FULL TIME	PART TIME	STATE	HEALTH - DEPARTMENT	OTHER VISITING NURSE OR OFFICIAL SERVICE	NON- OFFICIAL NURSE	
TOTAL	TOTAL	1750	1647	303	10	638	105	150
UNDER 30	351	336	113	4	159	34	21	9
30-39	470	455	23	5	276	57	30	16
40-49	503	474	29	2	194	47	15	8
50-59	316	291	25	2	113	46	60	16
60 AND OVER	64	51	18	4	25	22	18	30
AGE NOT REPORTED	38	31	18	1	1	1	6	1
SINGLE								
UNDER 30	210	204	14	2	61	10	137	20
30-39	160	150	4	1	14	5	29	8
40-49	92	49	3	1	11	2	10	1
50-59	29	25	2	1	7	1	2	1
60 AND OVER	20	14	6	1	6	1	5	1
AGE NOT REPORTED	1	1	*	*	*	*	*	*
MARRIED								
UNDER 30	1204	1126	78	8	451	78	396	14
30-39	202	190	12	3	76	35	63	12
40-49	357	339	18	2	142	25	96	12
50-59	208	180	23	1	155	27	100	8
60 AND OVER	29	16	10	2	74	10	68	4
AGE NOT REPORTED	35	35	5	*	13	1	1	1
WIDOWED/DIVORCED*								
OR SEPARATED	236	247	11	*	92	17	80	9
UNDER 30	59	56	3	*	19	7	21	4
30-39	78	75	3	*	20	4	29	10
40-49	15	13	2	*	32	3	20	11
50-59	15	11	*	*	6	*	6	2
60 AND OVER	1	1	*	*	*	*	1	*
AGE NOT REPORTED	1	1	*	*	*	*	1	*
NOT REPORTED								
UNDER 30	6	6	4	*	4	*	1	*
30-39	3	3	2	*	1	*	1	*
40-49	2	2	*	*	*	*	*	*
50-59	*	*	*	*	*	*	*	*
60 AND OVER	*	*	*	*	*	*	*	*
AGE NOT REPORTED	1	1	*	*	*	*	*	*

Table 3a — DISTRIBUTION OF REGISTERED NURSES EMPLOYED FOR PUBLIC HEALTH WORK FULL TIME AND PART TIME REPORTING HIGHEST DEGREE CREDENTIAL AND/OR PUBLIC HEALTH PREPARATION BY TYPE OF AGENCY, JANUARY 1, 1968

TYPE OF AGENCY	TOTAL NURSES	REGISTERED NURSES REPORTING				
		BOTH HIGHEST CREDENTIAL AND PUBLIC HEALTH PREPARATION NUMBER PERCENT	HIGHEST CREDENTIAL ONLY NUMBER PERCENT	PUBLIC HEALTH PREPARATION ONLY NUMBER PERCENT	NEITHER CREDENTIAL NOR PUBLIC HEALTH PREPARATION NUMBER PERCENT	
TOTAL	48,762	48,385	59.23	206 <sup>1/</sup>	.42	25.2 <sup>2/</sup>
NATIONAL AGENCY	513	511	98.65	2	.39	-
UNIVERSITY	618	611	98.07	3	.48	-
STATE AND LOCAL AGENCY	47,636	47,263	99.28	201	.42	25

\* Less than .05%.

<sup>1/</sup> 20 of these had degrees.

<sup>2/</sup> 11 reported public health preparation completed.

Table 37.—NUMBER OF STAFF LEVEL REGISTERED NURSES, BY TYPE OF EMPLOYING AGENCY AND EDUCATIONAL PREPARATION,  
JANUARY 1, 1968

HIGHEST EDUCATIONAL CREDENTIAL BY PUBLIC HEALTH NURSING PREPARATION	TOTAL				FULL & PART TIME				LOCAL AGENCY				BOARD OF EDUCATION	
	FULL, PART TIME		TOTAL PART TIME		TOTAL FULL TIME		STATE AGENCY		NON- OFFICIAL		COMU- NATION			
	FULL	PART	FULL	PART	FULL	PART	OFFICIAL	NON- OFFICIAL	OFFICIAL	NON- OFFICIAL	OFFICIAL	NON- OFFICIAL		
TOTAL	62,587	4,736	37,811	519	15,087	3,795	1,071	16,519	1,020	8,556	5,238	5,238		
PHN COMPLETE	12,595	1,040	12,622	267	5,211	1,210	1,020	5,238	5,238	1,020	8,556	5,238		
PHN INCOMPLETE	8,009	8,556	7,223	25	3,009	857	252	2,978	252	6,016	1,020	2,978		
PHN NOT REPORTED	26,458	2,060	17,688	216	6,016	1,470	6	6,016	1,470	2	2,060	6,016		
GRADUATE	310	142	288	1	21	6	2	21	6	2	2	2		
PHN COMPLETE	1,220	60	1,256	25	185	62	53	53	53	51	920	920		
PHN INCOMPLETE	1,029	51	977	25	170	53	51	51	53	51	620	620		
PHN NONE	188	6	162	1	7	6	2	6	2	2	46	46		
PHN NOT REPORTED	182	9	173	-	8	-	-	-	-	-	162	162		
BACCALAUREATE	2	-	2	-	-	-	-	-	-	-	2	2		
PHN COMPLETE	13,530	1,082	12,648	165	4,179	983	802	6,359	802	763	5,768	5,768		
PHN INCOMPLETE	10,147	826	9,359	136	3,812	854	719	6,644	854	719	6,644	6,644		
PHN NONE	1,022	110	912	3	171	71	20	1,912	71	58	1,912	1,912		
PHN NOT REPORTED	2,350	146	2,186	6	190	-	-	-	-	-	11	11		
ASSOCIATE DEGREE/DIPLOMA	11	-	11	-	-	-	-	-	-	-	-	-		
PHN COMPLETE	27,561	3,586	23,977	365	10,689	2,736	1,014	9,195	2,736	1,014	9,195	9,195		
PHN INCOMPLETE	2,568	2,059	2,369	104	1,221	1,113	72	72	1,113	72	72	72		
PHN NONE	6,952	740	6,212	71	3,330	806	243	2,751	806	243	2,751	2,751		
PHN NOT REPORTED	17,930	2,617	15,293	170	6,617	1,056	5	5,938	1,056	5	5,938	5,938		
UNKNOWN	181	0	173	-	21	-	-	-	-	-	167	167		
PHN COMPLETE	136	4	132	3	4	6	2	6	2	2	117	117		
PHN INCOMPLETE	7	-	7	-	1	-	-	-	-	-	3	3		
PHN NONE	6	-	6	-	1	-	-	-	-	-	4	4		
PHN NOT REPORTED	136	4	132	-	3	-	-	-	-	-	106	106		

Table 34.—NUMBER OF ADMINISTRATORS, CONSULTANTS, SUPERVISORS, BY TYPE OF EMPLOYING AGENCY AND EDUCATIONAL PREPARATION,  
JANUARY 1, 1968

HIGHEST EDUCATIONAL CREDENTIAL BY PUBLIC HEALTH NURSING PREPARATION	TOTAL		TOTAL PART TIME		TOTAL FULL & PART TIME		STATE AGENCY		FULL TIME		LOCAL AGENCY		BOARD OF EDUCATION	
TOTAL	5,859	191	4,885	905	2,126	1,050	348	349	328	164	328	210	210	349
PHN COMPLETE	3,026	126	3,760	778	1,051	723	131	131	131	83	131	60	60	131
PHN INCOMPLETE	623	20	663	68	256	164	-	-	-	-	-	-	-	-
PHN NONE	642	43	539	79	197	156	31	31	31	96	31	-	-	-
PHN NOT REPORTED	8	2	6	-	2	3	1	1	1	-	-	-	-	-
GRADUATE	1,516	31	1,485	439	466	299	144	144	144	144	144	137	137	137
PHN COMPLETE	1,429	26	1,403	421	451	263	141	141	141	141	141	137	137	137
PHN INCOMPLETE	37	3	34	4	3	10	2	2	2	2	2	15	15	15
PHN NONE	49	1	48	12	12	6	1	1	1	1	1	15	15	15
PHN NOT REPORTED	1	1	1	-	-	-	-	-	-	-	-	-	-	-
BACCALAUREATE	2,240	105	2,135	342	1,045	435	171	171	171	171	171	139	139	139
PHN COMPLETE	2,022	92	1,930	303	914	385	164	164	164	164	164	54	54	54
PHN INCOMPLETE	117	6	111	13	34	37	4	4	4	4	4	36	36	36
PHN NONE	99	6	93	27	27	20	12	12	12	12	12	31	31	31
PHN NOT REPORTED	2	1	1	-	-	-	1	1	1	1	1	-	-	-
ASSOCIATE DEGREE/DIPLOMA	1,287	55	1,242	122	611	313	83	83	83	83	83	113	113	113
PHN COMPLETE	371	18	363	53	215	53	23	23	23	23	23	44	44	44
PHN INCOMPLETE	469	11	458	32	229	121	22	22	22	22	22	50	50	50
PHN NONE	433	36	417	37	165	138	1	1	1	1	1	-	-	-
PHN NOT REPORTED	4	-	4	-	2	2	-	-	-	-	-	-	-	-
UNKNOWN	4	-	4	6	2	1	3	3	3	3	3	-	-	-
PHN COMPLETE	4	-	4	4	2	1	2	2	2	2	2	-	-	-
PHN INCOMPLETE	4	-	4	2	1	1	1	1	1	1	1	-	-	-
PHN NONE	1	-	1	1	1	1	1	1	1	1	1	-	-	-
PHN NOT REPORTED	1	-	1	-	-	-	-	-	-	-	-	-	-	-

Table 39 -- TOTAL NUMBER OF CONSULTANTS BY TYPE OF EMPLOYING AGENCY AND EDUCATIONAL PREPARATION,  
JANUARY 1, 1968

HIGHEST EDUCATIONAL CERTIFICATION IN PUBLIC HEALTH NURSING PREPARATION	TOTAL <sup>1</sup>	STATE AGENCY <sup>1</sup> TOTAL	LOCAL AGENCY						BOARD OF NATIONAL FEDU- AGENCY CATION
			HEALTH DEPART- MENT	OTHER OFFI- CIAL	VISITING NURSE SERVICE	ESTAB- LISHED HOME CARE	OTHER NON- OFFI- CIAL	COMBI- NATION	
TOTAL	932	637	245	122	17	45	7	39	15
PHN COMPLETE	756	551	210	110	14	37	3	30	11
PHN INCOMPLETE	54	33	21	4	3	5	1	6	2
PHN NONE	89	73	36	6	*	*	3	3	2
PHN NOT REPORTED	3	*	3	*	*	3	*	*	*
GRADUATE	426	303	113	51	9	22	2	29	7
PHN COMPLETE	10	3	7	1	*	2	*	2	2
PHN INCOMPLETE	10	3	5	5	*	1	*	*	*
PHN NONE	18	13	1	*	*	*	*	*	*
PHN NOT REPORTED	1	*	*	*	*	*	*	*	*
BACCALAUREATE	295	218	77	52	5	10	*	7	*
PHN COMPLETE	12	9	5	1	*	1	*	*	*
PHN INCOMPLETE	30	27	3	1	*	2	*	*	*
PHN NONE	2	*	2	*	*	2	*	*	*
PHN NOT REPORTED	2	*	*	*	*	*	*	*	*
DIPLOMA	46	30	15	7	1	5	1	4	1
PHN COMPLETE	32	21	11	3	1	2	1	4	*
PHN INCOMPLETE	40	32	9	2	*	3	3	*	*
PHN NONE	1	*	*	*	*	*	*	*	*
PHN NOT REPORTED	1	*	*	*	*	*	*	*	*
UNKNOWN	*	*	*	*	*	*	*	*	*
PHN COMPLETE	*	*	*	*	*	*	*	*	*
PHN INCOMPLETE	*	*	*	*	*	*	*	*	*
PHN NONE	*	*	*	*	*	*	*	*	*
PHN NOT REPORTED	*	*	*	*	*	*	*	*	*

1/ Includes 873 working full time and 270 part time.

Table 46 -- PERCENT OF FULL-TIME REGISTERED NURSES HOLDING BACCALAUREATE OR HIGHER DEGREES AND PERCENT PREPARED IN PUBLIC HEALTH NURSING, 1948, 1957, AND 1958

STATE	NUMBER REPORTING HIGHEST DEGREE OR CREDENTIAL			PERCENT WITH BACCALAUREATE OR HIGHER DEGREE			NUMBER REPORTING FOR PREPARATION			PERCENT WHO COMPLETED APPROVED PROGRAM		
	1948	1957	1958	1948	1957	1958	1948	1957	1958	1948	1957	1958
TOTAL	39,051	82,995	47,941	31.6	38.8	36.3	39,957	36,613	42,115	39.1	39.4	38.5
ALABAMA	193	221	218	4.3	13.8	20.1	192	219	218	17.3	31.2	24.3
AKRON	75	56	365	60.0	52.3	77.1	75	56	107	82.7	82.1	88.0
ARMENIA	121	280	250	4.6	22.9	26.1	121	216	216	23.9	23.2	23.8
ARKANSAS	216	127	215	9.4	11.6	14.7	135	327	381	20.7	26.1	21.5
CALIFORNIA	16,688	31,965	45,125	21.7	32.8	24.9	18,019	19,115	41,625	39.0	31.4	63.6
COLORADO	176	306	480	23.6	58.3	63.6	174	305	581	24.9	36.7	42.3
CONNECTICUT	513	653	597	11.5	20.6	20.3	561	162	937	35.5	29.0	25.2
DELAWARE	88	171	217	5.7	6.1	18.2	81	111	217	22.9	28.0	21.8
DIST. OF COLUMBIA	184	221	281	31.1	31.3	44.5	184	191	291	32.4	32.4	32.4
FLORIDA	318	510	1,031	31.7	26.6	29.8	309	518	1,071	19.6	25.0	26.2
GEORGIA	400	373	231	16.2	16.3	18.3	405	317	310	26.3	22.6	22.6
HAWAII	98	99	135	31.3	71.3	78.3	95	95	135	81.8	91.0	61.5
ILLINOIS	188	71	139	30.6	34.7	19.2	129	17	17	16.0	30.2	38.2
INDIANA	1,238	3,000	1,910	11.3	25.2	31.5	1,119	1,309	1,910	21.0	33.7	37.7
IOWA	226	320	819	21.4	30.5	45.4	455	318	318	46.9	45.0	45.0
KANSAS	215	204	521	16.9	22.4	24.7	221	184	181	34.0	31.1	31.1
KENTUCKY	302	370	443	15.8	18.5	22.3	303	235	481	29.8	20.8	20.8
LAWRENCE	252	306	481	8.7	18.9	19.8	253	184	481	25.0	17.6	36.5
MARYLAND	242	257	216	13.4	13.9	20.5	205	230	466	27.9	27.4	27.4
MARYLAND	215	214	212	12.2	12.2	12.2	161	141	124	26.7	26.7	26.7
MARYLAND	415	216	495	12.1	28.2	26.0	421	325	956	21.7	21.4	21.4
MARYLAND	1,246	1,251	1,257	10.0	12.3	12.3	1,241	1,251	1,251	22.7	22.7	22.7
MICHIGAN	818	898	1,164	21.9	25.3	25.3	818	881	1,164	32.7	32.7	32.7
MINNESOTA	436	478	441	41.3	41.6	44.6	431	433	451	39.2	32.6	39.6
MISSISSIPPI	114	224	304	16.2	6.6	9.8	174	234	320	26.5	15.1	7.3
MISSOURI	311	458	923	19.6	26.1	26.8	315	608	921	32.3	29.3	37.6
MONROVIA	23	75	72	22.6	33.3	41.1	52	52	127	34.6	42.0	21.5
NEBRASKA	119	117	160	11.7	23.7	24.2	119	113	160	24.5	24.5	24.5
NEVADA	29	68	103	28.9	23.6	29.3	38	56	101	48.0	31.5	36.5
NEW HAMPSHIRE	322	106	211	2.6	3.7	53.3	310	181	211	12.5	17.7	11.2
NEW JERSEY	1,359	1,616	3,000	9.0	19.4	35.8	1,350	1,605	2,111	15.3	19.7	21.8
NEW JERSEY	1,245	1,245	1,245	28.7	16.5	20.0	991	158	2,101	55.9	58.8	68.8
NEW YORK	2,029	3,003	3,161	17.7	23.7	23.7	3,007	3,017	3,161	42.9	48.1	48.1
NORTH CAROLINA	343	363	281	8.3	12.3	21.7	286	361	361	37.7	36.6	31.4
NORTH DAKOTA	63	62	81	13.1	13.3	22.9	63	61	61	46.7	37.4	39.5
OHIO	1,842	1,236	1,586	15.2	23.0	21.5	1,062	1,014	1,784	23.1	29.2	27.0
OKLAHOMA	148	237	319	12.6	15.9	26.3	148	227	316	29.0	32.6	18.8
PENNSYLVANIA	135	241	346	6.9	18.8	24.4	135	291	346	35.9	38.0	31.8
PENNSYLVANIA	3,953	3,713	3,719	2.5	21.6	65.6	1,919	2,213	3,701	21.5	23.1	24.9
RHODE ISLAND	122	262	303	7.7	11.1	30.5	372	315	381	32.1	32.6	31.3
SAINT CAROLINA	232	29	641	8.2	9.6	15.9	239	297	443	18.8	30.2	22.2
SOUTH DAKOTA	39	43	118	15.4	15.6	25.3	39	43	118	32.3	30.1	32.8
TEXAS	349	713	1,206	17.4	18.7	21.6	318	323	554	32.0	19.5	26.6
UTAH	441	1,018	2,114	15.7	20.5	24.2	241	209	2,114	22.4	22.4	22.4
UTAH	568	913	1,161	18.8	19.0	29.8	598	1,185	1,181	62.0	48.9	51.2
VERMONT	82	96	131	8.8	18.1	22.1	81	84	121	28.5	32.2	33.3
VIRGINIA	344	256	881	12.2	15.9	25.8	384	534	884	43.3	43.4	38.2
WASHINGTON	360	438	658	39.3	45.9	67.7	358	438	651	70.2	68.3	71.1
WISCONSIN	175	239	320	9.4	11.1	15.3	175	239	320	37.9	31.8	31.8
WISCONSIN	641	338	808	11.7	20.1	48.7	661	369	494	27.7	42.1	31.8
WYOMING	31	61	80	19.6	19.3	30.0	31	41	80	39.0	36.1	31.2
SUM	-	-	30	-	15.2	21.1	-	-	31	-	-	9.7
PUERTO RICO	313	436	206	3.5	4.6	8.5	385	405	384	14.5	30.1	11.8
VIENDE ISLANDS	15	17	50	8.3	17.6	48.0	36	37	50	8.3	32.5	33.4

Table II -- PERCENT OF FULL-TIME ADMINISTRATIVE<sup>1</sup> AND REGISTERED STAFF NURSES HOLDING BACCALAUREATE OR HIGHER DEGREES, AND PERCENT PREPARED IN PUBLIC HEALTH NURSING, JANUARY 1, 1968

STATE	NUMBER REPORTING HIGHEST CREDENTIAL		PERCENT WITH BACCALAUREATE OR HIGHER DEGREE		NUMBER REPORTING PHN PREPARATION		PERCENT WHO COMPLETED APPROVED PHN PREPARATION	
	ADMINIS- TRATIVE STAFF	STAFF	ADMINIS- TRATIVE STAFF	STAFF	ADMINIS- TRATIVE STAFF	STAFF	ADMINIS- TRATIVE STAFF	STAFF
TOTAL	4862	32679	74.5	35.4	4852	33753	76.1	33.6
ALABAMA	37	215	78.3	16.3	37	201	79.3	15.0
ALASKA	15	95	30.0	13.9	13	85	109.0	84.0
ARIZONA	44	418	95.5	28.4	44	408	84.8	32.3
ARMENIA	15	214	48.0	4.7	14	165	32.1	14.5
CALIFORNIA	437	3988	88.6	73.6	437	3998	82.6	61.5
COLORADO	89	513	65.5	50.1	89	513	84.5	50.1
CONNECTICUT	125	825	19.6	29.1	125	825	34.0	28.0
DELAWARE	14	263	57.1	13.8	14	263	92.9	14.3
DIST. OF COLUMBIA	30	201	88.0	42.6	30	200	81.0	42.5
FLORIDA	188	865	99.6	33.2	188	863	73.8	39.4
GEORGIA	93	685	75.3	12.0	93	585	93.6	18.3
HAWAII	27	126	88.9	52.2	27	126	106.0	69.7
IDAHO	25	141	35.6	10.7	12	105	66.7	24.8
ILLINOIS	284	2421	65.3	29.0	284	2421	82.0	52.0
INDIANA	96	343	69.8	27.7	93	327	83.3	37.8
IOWA	68	403	56.3	21.1	45	338	99.4	17.4
KANSAS	57	425	38.8	20.7	52	404	49.1	16.0
KENTUCKY	42	363	58.8	9.1	43	363	43.8	12.0
Louisiana	85	394	33.8	18.0	85	375	46.0	29.3
MAINE	36	150	58.0	8.9	35	130	72.1	26.7
MARYLAND	152	816	87.1	29.5	132	624	94.1	36.0
MASSACHUSETTS	129	131	75.0	18.7	219	311	71.2	25.0
MICHIGAN	158	916	81.9	16.0	158	916	73.0	33.4
MINNESOTA	88	517	83.7	61.7	85	577	91.9	63.2
MISSISSIPPI	35	269	68.5	3.3	25	209	48.0	3.7
MISSOURI	93	812	71.4	17.3	94	428	91.1	13.1
MONTANA	34	87	75.5	23.0	24	97	100.0	43.2
NEBRASKA	38	166	81.3	42.9	18	184	15.0	34.1
NEVADA	36	85	75.0	46.7	15	85	81.3	44.7
NEW HAMPSHIRE	20	121	40.0	9.3	20	391	35.0	15.1
NEW JERSEY	195	2015	81.1	32.4	195	1988	77.5	30.8
NEW MEXICO	29	267	80.0	37.8	38	287	80.0	46.0
NEW YORK	297	4231	91.1	49.2	328	4057	91.9	48.6
NORTH CAROLINA	94	541	64.6	45.4	94	580	87.0	23.2
NORTH DAKOTA	26	61	46.0	18.6	22	61	70.0	39.5
OHIO	253	1443	63.8	25.7	359	3468	58.9	39.3
OKLAHOMA	46	310	44.3	17.0	45	321	60.0	14.4
PENNSYLVANIA	33	300	88.5	68.9	37	303	89.5	62.8
RHODE ISLAND	28	284	72.7	63.6	260	2945	78.2	29.5
SOUTH CAROLINA	43	216	78.1	6.8	43	398	88.4	35.8
SOUTH DAKOTA	35	122	72.3	39.7	15	101	86.7	20.7
TEXAS	85	491	73.8	34.5	85	501	92.5	39.4
UTAH	147	1918	72.1	18.5	146	1848	65.6	24.9
VIRGINIA	35	170	82.5	38.6	28	139	88.9	36.7
VERMONT	16	119	71.4	16.2	14	117	18.6	24.8
VIETNAM	83	817	32.8	25.7	80	828	46.4	36.8
WEST VIRGINIA	94	585	83.0	65.5	93	586	77.3	70.8
WISCONSIN	24	221	31.3	6.1	21	231	58.1	5.6
WYOMING	379	561	91.0	24.4	129	361	77.5	46.0
GUAM	8	77	205.0	44.6	8	72	100.0	43.8
PUERTO RICO	34	234	44.3	2.4	34	236	84.8	4.3
VIRGIN ISLANDS	38	48	106.6	25.0	10	46	105.0	37.5

<sup>1</sup>/ Administrative includes directors, assistant directors, managers, and supervisors.

Table 42.—TOTAL NUMBERS OF REGISTERED NURSES EMPLOYED FOR PUBLIC HEALTH WORK IN ALL STATE AND LOCAL AGENCIES,  
BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CERTIFICATION, JANUARY 1, 1948.

STATE	TOTAL NURSES	COMPLETED PHN PREPARATION				INCOMPLETE PHN PREPARATION				NO PHN PREPARATION			
		HIGHEST CERTIFICATION		HIGHEST CERTIFICATION		HIGHEST CERTIFICATION		HIGHEST CERTIFICATION		HIGHEST CERTIFICATION		HIGHEST CERTIFICATION	
		GRAD- UATE LAURE- ATE OR DEGREE ATE	BACHE- LOR OR DEGREE OR DIPLOMA	GRAD- UATE DEGREE OR DIPLOMA	BACHE- LOR OR DEGREE OR DIPLOMA								
TOTAL		1-MAN	173146	2877	113	148	2	2	160	334	1	2	116
ALABAMA	407	89	7	81	28	168	3	1	160	334	1	2	116
ALASKA	156	93	16	74	18	7	1	1	16	34	1	1	14
ARIZONA	531	393	3	323	39	104	1	1	98	232	1	1	275
ARKANSAS	275	40	1	34	14	100	1	1	40	104	1	1	549
CALIFORNIA	4748	2821	35	2418	106	429	12	113	264	1340	39	343	348
COLORADO	497	486	95	285	28	78	6	10	46	221	1	21	248
CONNECTICUT	1161	397	84	271	94	296	6	19	261	376	1	12	428
DELAWARE	288	49	5	26	16	23	1	1	6	156	1	1	187
DIST. OF COLUMBIA	394	132	1	148	10	20	1	1	20	179	1	1	132
FLORIDA	1092	291	34	261	93	141	3	7	131	557	3	34	949
GEORGIA	807	224	28	264	26	113	1	1	164	472	1	1	445
HAWAII	197	241	1	83	9	8	1	1	6	21	1	1	38
IDAHO	149	43	3	51	18	15	1	1	8	88	1	1	84
ILLINOIS	2182	671	116	484	102	503	1	1	50	913	1	46	841
INDIANA	391	393	56	158	29	200	6	28	28	280	1	13	365
IOWA	634	125	11	86	26	124	1	1	16	116	1	1	285
KANSAS	534	203	9	99	26	249	1	1	16	181	1	1	241
LOUISIANA	448	74	9	47	20	29	1	1	21	311	1	1	145
MARYLAND	481	138	1	139	10	149	1	1	42	404	1	1	132
MAINE	236	99	12	25	53	64	1	1	63	132	1	1	172
MASSACHUSETTS	1144	351	46	284	22	218	1	1	2	323	1	15	473
MISSOURI	2528	930	307	313	106	262	1	1	21	951	1	111	2093
MISSISSIPPI	1229	624	86	316	2	277	9	1	201	638	1	20	221
MISSOURI	404	41	41	41	17	21	1	1	14	102	1	1	216
MISSOURI (ALL)	316	25	9	14	2	21	1	1	21	287	1	1	281
MISSOURI (EX-STATE)	3017	285	27	316	24	153	5	28	123	498	1	28	483
MISSOURI (EX-STATE)	1222	55	19	42	17	20	1	1	8	93	1	1	52
NEBRASKA	223	74	9	34	7	31	1	1	19	20	1	1	160
NEVADA	221	41	3	35	12	32	1	1	10	35	1	1	55
NEW HAMPSHIRE	486	35	6	23	52	109	1	1	167	244	1	1	338
NEW JERSEY	2612	519	28	472	205	403	1	1	272	374	1	1	769
NEW MEXICO	283	347	16	52	43	46	2	3	3	34	1	1	163
NEW YORK	5899	2200	816	1922	442	643	8	62	599	3285	56	462	1824
NORTH CAROLINA	946	306	30	119	113	112	1	1	51	249	1	1	117
NORTH DAKOTA	84	33	2	22	16	2	1	1	7	54	1	1	44
OHIO	1928	505	79	367	216	403	6	31	357	1004	1	39	918
OKLAHOMA	452	81	19	48	26	123	1	9	106	239	1	6	225
OREGON	459	278	29	219	26	34	1	15	19	124	1	12	111
PENNSYLVANIA	918	434	128	543	304	363	1	57	377	887	1	24	815
PRIOR ISLAND	319	111	26	53	27	18	1	6	66	125	1	9	191
PUERTO RICO	546	110	55	48	28	246	1	1	144	311	1	4	366
REPUBLIC OF IRISH FREE STATE	371	57	5	29	12	21	1	1	6	23	1	6	67
TEXAS	2211	597	29	62	44	21	1	2	24	276	1	18	317
UTAH	158	59	17	61	56	92	1	1	56	304	1	12	1034
VERMONT	180	2	2	31	15	38	1	4	31	95	1	1	93
VERMONT	930	238	22	193	97	124	1	15	109	928	1	21	817
WASHINGTON	766	525	67	296	43	65	1	22	87	539	5	25	134
WEST VIRGINIA	313	13	9	16	18	18	1	1	12	125	1	1	124
WICHITA FALLS	595	408	22	213	106	291	1	2	284	1149	1	3	242
WYOMING	241	36	9	33	8	10	1	1	8	41	1	3	37
WYOMING	31	3	1	2	1	3	1	1	2	26	1	1	25
PUERTO RICO	621	60	9	36	23	25	1	1	26	342	1	3	344
VIRGIN ISLANDS	93	25	9	16	2	5	1	1	5	21	1	1	21

NOTE: Nurses whose highest credential was not specified are included only in the totals. Therefore cases total may differ from the sum of the parts.

Table 42 -- ADMINISTRATORS, CONSULTANTS, AND SUPERVISORS EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN ALL LOCAL AGENCIES EXCEPT BOARDS OF EDUCATION, BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CREDENTIAL, JANUARY 1, 1968

STATE	TOTAL NUMBERS	COMPLETED PAY PREPARATION				INCOMPLETE PAY PREPARATION				NO PAY PREPARATION			
		HIGHEST CREDENTIAL		ASSOC. DEGREE OR DIPLOMA	TOTAL	HIGHEST CREDENTIAL		ASSOC. DEGREE OR DIPLOMA	TOTAL	HIGHEST CREDENTIAL		ASSOC. DEGREE OR DIPLOMA	TOTAL
		GRAD- UATE DEGREE	BACCA- LAURE- ATE DEGREE			GRAD- UATE DEGREE	BACCA- LAURE- ATE DEGREE			GRAD- UATE DEGREE	BACCA- LAURE- ATE DEGREE		
TOTAL	3513	2712	879	1541	2911	470	35	75	286	240	19	15	734
ALABAMA	25	16	3	15	3	1	5	+	6	1	*	*	1
ARIZONA	24	12	2	12	2	+	2	+	2	2	*	*	2
ARKANSAS	9	8	+	3	9	+	2	+	5	1	*	*	1
CALIFORNIA	311	284	125	184	1	9	4	5	5	18	6	*	12
CONNECTICUT	65	58	30	28	5	6	11	8	2	5	*	*	3
DELAWARE	13	26	3	8	4	+	5	+	2	2	*	*	2
DISTRICT OF COLUMBIA	42	42	12	20	+	5	4	2	1	6	*	*	6
FLORIDA	173	142	18	73	26	2	1	5	20	47	1	*	22
GEORGIA	20	59	11	35	18	3	+	+	3	3	*	*	3
HAWAII	9	7	+	4	4	+	2	+	2	2	*	*	2
IDAHO	11	9	2	7	2	+	2	+	2	2	*	*	2
ILLINOIS	63	56	27	41	34	5	6	9	22	35	*	*	15
INDIANA	28	28	7	28	1	5	+	5	24	8	*	*	8
IRVING	28	0	2	9	5	6	+	+	8	13	*	*	12
KANSAS	23	16	4	9	5	2	+	2	3	4	*	*	4
KENTUCKY	26	24	8	23	2	5	+	5	13	32	*	*	7
Louisiana	24	17	3	10	1	2	+	2	10	32	*	*	20
Maine	24	20	7	6	7	+	2	+	9	1	*	*	1
MARYLAND	317	99	35	76	7	1	+	1	1	15	9	*	8
MICHIGAN	645	125	35	68	28	1	+	2	13	18	*	*	16
MONTANA	32	15	4	15	2	2	+	2	23	23	*	*	10
MISSOURI	15	9	5	2	2	+	1	+	2	6	*	*	2
MISSOURI	36	20	4	17	4	27	+	1	34	31	*	*	11
MISSOURI	24	24	2	7	6	+	2	+	2	2	*	*	2
NEBRASKA	21	21	1	11	1	1	+	1	1	1	*	*	1
NEVADA	23	0	3	1	1	+	1	+	2	2	*	*	2
NEW HAMPSHIRE	24	0	1	2	1	+	1	+	1	6	*	*	3
NEW JERSEY	136	119	58	59	6	26	1	1	16	13	1	1	11
NEW MEXICO	20	10	1	10	1	1	+	1	1	1	*	*	1
NEW YORK	443	413	179	221	14	16	20	1	26	9	*	*	8
NORTH CAROLINA	49	34	11	27	10	6	+	1	1	1	*	*	2
North Dakota	24	9	1	3	2	2	+	1	5	1	*	*	3
OKLAHOMA	193	152	39	62	10	40	2	10	32	31	*	*	33
OREGON	42	38	1	3	3	2	+	1	3	12	*	*	22
PENNSYLVANIA	320	145	48	201	24	10	+	4	16	23	*	*	21
PRIOR ISLAND	20	14	3	16	+	2	+	2	2	2	*	*	2
SAINT LUCIA	27	23	2	12	8	+	1	1	2	1	*	*	2
SOUTH CAROLINA	47	23	2	12	8	2	+	1	2	1	*	*	2
SOUTHERN UTAH	42	39	9	24	8	1	+	1	7	1	*	*	2
TEXAS	20	19	1	19	1	1	+	1	1	1	*	*	2
UTAH	12	12	+	11	1	1	+	1	1	1	*	*	2
VERMONT	21	8	+	2	1	1	+	1	2	1	*	*	2
VERMONT	60	60	0	22	20	6	1	1	2	2	*	*	2
WEST VIRGINIA	38	53	22	29	2	4	1	2	2	12	*	*	11
WISCONSIN	358	77	9	95	12	25	+	4	6	6	*	*	6
WYOMING	+	+	*	*	1	+	+	1	1	1	*	*	1
ZERO	2	1	0	1	0	0	+	0	0	0	*	*	0
Puerto Rico	42	34	2	17	13	7	+	+	10	1	*	*	1
VIRGIN ISLANDS	2	2	1	1	1	1	+	1	1	1	*	*	1

NOTE: States where highest credential was not specified are included only in the totals. Therefore totals will vary from those of parts.

Table 44 -- REGISTERED STAFF NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN ALL LOCAL AGENCIES EXCEPT BOARDS OF EDUCATION, BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CREDENTIAL, JANUARY 1, 1958

STATE	TOTAL NUMBERS	COMPLETED P.H. PREPARATION				INCOMPLETE P.H. PREPARATION				NO P.H. PREPARATION			
		HIGHEST CREDENTIAL				HIGHEST CREDENTIAL				HIGHEST CREDENTIAL			
		TOTAL	GRAD- UATE OR DEGREE OR DIPLOMA	BACCALAU- REATE OR DEGREE OR DIPLOMA	ASOC. DEGREE OR DIPLOMA	TOTAL	GRAD- UATE OR DEGREE OR DIPLOMA	BACCALAU- REATE OR DEGREE OR DIPLOMA	ASOC. DEGREE OR DIPLOMA	TOTAL	GRAD- UATE OR DEGREE OR DIPLOMA	BACCALAU- REATE OR DEGREE OR DIPLOMA	ASOC. DEGREE OR DIPLOMA
TOTAL	2,913	711	27	3435	246	1,159	13	232	1882	932	33	265	4,131
ALABAMA	856	35	1	36	3	143	4	2	249	265	1	1	164
ALASKA	66	59	5	47	9	—	—	—	—	21	2	2	21
ARIZONA	246	126	8	87	25	50	3	3	37	88	2	2	66
ARKANSAS	126	1	1	1	1	—	—	—	1	6	3	1	122
CALIFORNIA	1,170	1,007	45	1164	29	28	4	13	65	393	1	35	319
COLORADO	234	206	21	146	31	29	2	1	22	180	1	1	106
CONNECTICUT	324	285	25	129	22	946	—	—	717	313	4	4	196
DELAWARE	93	18	—	16	8	19	4	3	10	36	—	—	16
DIST. OF COLUMBIA	282	176	6	113	19	125	4	6	12	146	1	1	116
FLORIDA	828	226	8	172	41	322	1	6	98	595	3	6	483
GEORGIA	899	332	2	48	48	568	—	3	105	319	1	3	376
HAWAII	191	190	2	34	1	12	1	1	5	1	1	1	5
IDAHO	68	20	—	15	5	5	—	—	1	41	—	—	37
ILLINOIS	752	559	—	158	36	297	—	16	243	344	—	—	332
INDIANA	333	67	—	36	13	194	—	—	356	152	—	—	116
IASWA	187	34	—	26	8	31	—	3	36	92	—	1	91
KANSAS	136	136	—	9	6	52	—	8	48	85	—	3	66
KENTUCKY	328	191	—	27	12	24	—	2	22	219	—	4	233
Louisiana	322	258	—	61	24	58	—	2	42	220	—	10	216
Maine	235	59	—	39	24	41	—	3	49	87	—	—	57
MARYLAND	724	233	7	149	87	195	—	5	39	336	—	8	287
MASSACHUSETTS	946	368	12	366	42	188	—	5	195	542	—	8	532
MISSOURI	717	371	—	242	10	143	20	20	111	379	—	6	371
MINNESOTA	236	189	2	163	16	93	—	1	11	52	—	2	56
MISSISSIPPI	274	6	—	8	—	8	—	—	8	260	—	3	259
PENNSYLVANIA	329	36	4	35	3	63	2	7	52	230	2	8	220
RHODE ISLAND	88	36	—	27	15	7	—	—	7	40	—	3	39
NEVADA	54	22	—	25	2	24	—	2	9	18	—	3	13
NEW HAMPSHIRE	94	35	—	33	—	39	—	4	22	1	—	4	42
NEW JERSEY	729	235	2	335	18	235	4	16	197	376	1	6	310
NEW MEXICO	116	56	1	36	19	21	—	3	18	63	—	1	46
NEW YORK	1,052	1,034	65	765	286	367	2	25	240	940	—	8	574
North Carolina	484	333	7	162	71	227	—	13	211	263	—	8	175
NORTH DAKOTA	99	38	—	9	—	9	—	—	7	46	—	3	28
OHIO	954	191	3	141	27	332	3	16	211	341	—	8	528
OKLAHOMA	250	42	5	21	16	72	—	6	65	236	1	4	114
OREGON	248	367	6	136	23	10	—	3	12	82	—	4	53
PACIFIC ISLANDS	146	247	21	182	44	390	5	13	366	746	2	23	314
PALAU	128	49	—	79	5	29	—	1	26	46	—	—	49
SOUTH CAROLINA	273	45	—	23	18	126	—	2	120	54	—	8	93
SOUTH DAKOTA	42	27	—	25	10	16	—	2	12	37	—	2	11
TEXAS	687	375	2	331	38	105	—	7	98	370	—	18	298
UTAH	322	33	—	26	10	27	—	7	29	58	—	4	56
VIRGINIA	36	36	—	9	10	35	—	1	16	22	—	3	21
WICHITA IS.	243	242	2	231	4	88	—	9	75	407	—	8	432
WASHINGTON	348	288	12	384	32	32	—	7	28	86	—	6	70
WEST VIRGINIA	135	5	—	2	3	13	—	—	13	113	—	6	109
WICHITA	34	26	—	34	4	2	—	—	2	64	—	3	83
SUM	27	—	—	—	5	5	—	—	—	22	—	—	22
Puerto Rico	324	324	3	77	37	5	—	—	12	206	—	—	206
VIRGIN ISLANDS	33	9	—	9	—	5	—	—	5	17	—	—	17

NOTE: Nurses whose highest credential was not specified are included only in the totals. Therefore, counts may differ from the sum of the parts.

Table 43 -- ADMINISTRATIVE, COMMISSIONER, AND SUPERVISOR EMPLOYED FULL TIME FOR PUBLIC HEALTH MEDIA IN SCHOOLS OF EDUCATION,  
BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CERTIFICATE, JANUARY 1, 1968

STATE	TOTAL NUMBER	COMPLETED PHN PREPARATION					INCOMPLETE PHN PREPARATION					NO PHN PREPARATION				
		HIGHEST CREDENTIAL					HIGHEST CREDENTIAL					HIGHEST CREDENTIAL				
		GRAD- UATE DEGREE	BACCA- LAURE- ATE	DIPLOMA			GRAD- UATE DEGREE	BACCA- LAURE- ATE	DIPLO- MA			GRAD- UATE DEGREE	BACCA- LAURE- ATE	DIPLO- MA		
TOTAL	289	210	107	64	39	83	10	24	46	16	16	15	15	31	55	
ALASKA	2	1	1	3	1	+	+	+	+	+	1	+	1	1	+	
ARIZONA	1	1	1	1	1	+	+	+	+	+	1	+	1	1	+	
ARKANSAS	9	1	1	1	6	+	2	+	+	+	1	+	1	1	+	
ARMENIA	1	1	1	1	1	+	1	1	1	1	1	+	1	1	1	
CALIFORNIA	94	56	20	19	7	30	9	12	15	29	4	12	8	12	8	
CONNECTICUT	5	2	1	1	1	+	1	1	1	1	1	1	1	1	1	1
DELAWARE	10	2	2	1	5	+	1	1	1	1	1	1	1	1	1	1
DISTRICT OF COLUMBIA	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
FLORIDA	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
GEORGIA	2	1	1	3	1	+	1	1	1	1	1	1	1	1	1	1
HAWAII	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
IDAHO	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
ILLINOIS	31	25	9	8	5	10	9	10	12	17	1	1	1	1	1	1
INDIANA	19	10	3	3	3	+	1	1	1	1	1	1	1	1	1	1
KANSAS	2	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
KENTUCKY	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Louisiana	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Maine	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
MARYLAND	2	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Massachusetts	21	18	10	10	1	6	1	1	1	1	1	1	1	1	1	1
Michigan	11	10	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Minnesota	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Mississippi	16	10	1	1	4	+	1	1	1	1	1	1	1	1	1	1
Missouri	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Montana	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Nebraska	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
New Hampshire	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
New Jersey	14	9	6	6	3	10	1	1	1	1	1	1	1	1	1	1
New Mexico	2	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
New York	44	24	17	17	1	10	1	1	1	1	1	1	1	1	1	1
North Carolina	3	2	1	1	1	+	1	1	1	1	1	1	1	1	1	1
North Dakota	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Oklahoma	9	6	3	3	3	+	1	1	1	1	1	1	1	1	1	1
Oregon	3	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Pennsylvania	25	12	10	10	3	10	1	1	1	1	1	1	1	1	1	1
Rhode Island	6	3	1	1	1	+	1	1	1	1	1	1	1	1	1	1
South Carolina	8	3	1	1	3	+	1	1	1	1	1	1	1	1	1	1
South Dakota	2	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Tennessee	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Texas	28	14	8	8	6	11	1	1	1	1	1	1	1	1	1	1
Utah	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Vermont	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Virginia	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Washington	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
Wisconsin	1	1	1	1	1	+	1	1	1	1	1	1	1	1	1	1
GUAM	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Puerto Rico	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Virgin Islands	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

NOTE: Totals where highest credential was not specified are included only in the totals. Therefore state totals may differ from the sum of the parts.

Table 46 — REGISTERED STAFF NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN BOARDS OF EDUCATION, BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OF CREDENTIAL, JANUARY 1, 1948

STATE	TOTAL NURSES	COMPLETED RN PREPARATION			INCOMPLETE RN PREPARATION			NO RN PREPARATION			
		HIGHEST CREDENTIAL			HIGHEST CREDENTIAL			HIGHEST CREDENTIAL			
		TOTAL	GRAD- UATE DEGREE	BACCAL- AUREATE OR DIPLOMA	TOTAL	GRAD- UATE DEGREE	BACCAL- AUREATE OR DIPLOMA	TOTAL	GRAD- UATE DEGREE	BACCAL- AUREATE OR DIPLOMA	
TOTAL	169379	3239	470	2748	389	1999	86	448	2261	8342	164
ALABAMA	11	4	1	3	2	1	1	1	1	6	+
ALASKA	24	24	19	5	1	1	1	1	1	4	+
ARIZONA	277	51	4	16	22	56	1	1	47	222	+
ARKANSAS	99	5	1	2	2	1	1	1	2	2	128
CALIFORNIA	2236	1126	95	931	80	217	17	83	163	877	16
COLORADO	379	94	26	65	7	22	4	8	9	63	2
CONNECTICUT	249	93	19	27	1	82	6	12	77	156	2
DELAWARE	144	13	3	9	9	45	1	4	61	70	2
DIST. OF COLUMBIA	45	4	2	2	1	2	1	1	16	1	45
FLORIDA	4	+	+	+	+	3	+	1	1	1	1
GEORGIA	499	2	3	1	2	3	+	1	3	64	2
HAWAII	16	7	+	5	2	4	1	1	2	9	+
IDAHO	23	5	+	4	2	3	+	1	2	26	2
ILLINOIS	9207	224	16	22	1	302	7	42	592	375	9
INDIANA	405	283	41	149	10	83	3	12	48	118	+
IOWA	219	48	3	21	11	48	+	9	40	205	9
KANSAS	256	48	3	26	35	44	+	6	32	209	25
KENTUCKY	229	3	+	1	2	2	+	1	2	38	22
Louisiana	57	91	1	8	23	1	+	1	3	18	+
Maine	6	+	2	1	1	12	+	1	12	19	+
MARYLAND	99	34	3	22	8	21	+	2	19	44	2
MASSACHUSETTS	560	97	22	49	21	145	2	16	128	322	4
MICHIGAN	246	77	99	48	18	48	+	29	129	39	312
MONTANA	325	201	101	112	28	48	+	29	42	156	+
MISSOURI	27	9	1	2	2	+	1	1	8	18	+
NEBRASKA	454	63	9	46	8	32	+	16	35	341	1
NEVADA	11	2	+	2	1	2	+	1	2	7	1
NEW HAMPSHIRE	129	5	2	2	19	+	8	18	62	30	56
NEW JERSEY	21	18	8	11	1	1	1	1	3	8	1
NEW MEXICO	126	7	2	4	3	49	+	1	44	34	26
NEW YORK	1216	473	29	240	175	518	37	171	373	486	8
North Carolina	150	78	9	19	23	19	1	1	33	61	7
North Dakota	2101	1293	219	795	56	112	+	3	339	1545	49
OHIO	102	23	1	4	51	17	1	2	18	42	1
Oklahoma	2	+	1	1	1	+	1	1	1	2	1
OKLAHOMA	476	113	2	39	24	95	4	16	12	248	4
OREGON	126	8	+	4	2	31	+	1	35	81	5
PENNSYLVANIA	59	28	1	26	4	32	1	8	5	22	2
Rhode Island	1644	120	97	197	49	43	10	12	189	324	10
RODE ISLAND	306	36	5	11	20	27	+	4	27	83	3
SOUTH CAROLINA	228	6	1	5	2	34	+	1	53	91	1
SOUTH DAKOTA	35	1	1	3	2	6	1	1	6	25	1
TEXAS	53	2	+	1	3	6	1	2	57	14	48
VERMONT	1355	312	36	256	34	289	14	58	221	359	38
Utah	23	35	1	11	2	5	+	1	9	1	8
VERMONT	29	9	4	6	3	18	+	2	13	38	+
VERMONT	158	42	3	28	11	55	+	2	12	91	4
VERMONT	218	186	17	125	22	32	+	10	21	81	1
WEST VIRGINIA	72	6	+	4	2	1	+	1	68	1	88
WISCONSIN	79	23	2	12	5	47	+	9	37	18	38
WYOMING	50	12	1	2	3	4	1	1	6	20	1
WYOMING	+	+	+	+	+	+	+	+	+	+	+
PUERTO RICO	+	+	+	+	+	+	+	+	+	+	+
VIRGIN ISLANDS	+	+	+	+	+	+	+	+	+	+	+

NOTE: Nurses whose highest credential was not specified are included only in the totals. Therefore totals may differ from the sum of the parts.

Table 47—TOTAL NUMBERS OF REGISTERED NURSES EMPLOYED PART TIME FOR PUBLIC HEALTH WORK IN STATE AND LOCAL AGENCIES,  
BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CREDENTIAL, JANUARY 1, 1968

STATE	TOTAL NURSES	COMPLETED PHN PREPARATION				INCOMPLETE PHN PREPARATION				NO PHN PREPARATION				
		HIGHEST CREDENTIAL		ASOC DEGREE OR DIPLOMA	TOTAL	HIGHEST CREDENTIAL		ASOC DEGREE OR DIPLOMA	TOTAL	HIGHEST CREDENTIAL		ASOC DEGREE OR DIPLOMA	TOTAL	
		GRAD- UATE DEGREE	BACCALA- UREATE DEGREE			GRAD- UATE DEGREE	BACCALA- UREATE DEGREE			GRAD- UATE DEGREE	BACCALA- UREATE DEGREE			
TOTAL	4927	1194	73	100	237	876	9	116	792	2897	11	231	2671	
ALABAMA	35	0	1	1	13	+	+	13	16	+	+	16	16	
AKA	2	0	0	0	2	0	0	0	2	0	0	0	2	
ARIZONA	29	0	2	1	2	0	1	3	4	19	0	0	19	
ARKANSAS	2	1	0	1	2	0	0	0	1	0	0	0	1	
CALIFORNIA	365	161	9	147	9	34	0	0	33	130	0	0	36	
COLORADO	96	31	6	24	3	23	0	2	19	50	0	0	50	
CONNECTICUT	254	84	0	125	3	32	0	0	29	111	0	0	111	
DELAWARE	19	5	0	2	1	0	0	0	6	27	0	0	27	
DIST. OF COLUMBIA	33	7	0	7	1	2	0	0	2	6	0	0	6	
FLORIDA	46	12	3	9	2	9	0	0	9	19	0	0	17	
GEORGIA	27	6	1	6	2	1	0	0	1	22	0	0	22	
HAWAII	1	0	1	1	0	0	0	0	0	0	0	0	0	
IDAHO	21	9	0	2	0	0	0	0	0	42	0	0	19	
ILLINOIS	251	29	0	21	3	16	0	0	33	376	0	0	162	
INDIANA	93	16	0	14	0	0	0	0	21	43	0	0	20	
IOWA	143	14	1	10	4	19	0	0	14	110	0	0	105	
KANSAS	51	1	0	4	0	14	0	0	3	46	0	0	46	
KENTUCKY	42	9	0	9	1	0	0	0	0	49	0	0	32	
LOUISIANA	27	9	0	8	0	0	0	0	3	19	0	0	12	
MARYLAND	40	8	0	0	0	0	0	0	0	29	0	0	29	
MAINE	186	39	1	29	7	19	0	0	19	136	0	0	124	
MASSACHUSETTS	249	41	0	29	0	25	0	0	25	210	0	0	205	
MICHIGAN	179	22	0	18	0	41	0	0	31	90	0	0	89	
MINNESOTA	239	76	1	59	6	19	0	0	16	144	0	0	139	
MISSOURI	2	0	0	0	0	0	0	0	0	2	0	0	2	
MISSOURI	89	11	0	7	0	16	0	0	2	9	0	0	68	
MISSISSIPPI	11	0	0	0	0	0	0	0	0	8	0	0	8	
MISSOURI	43	2	1	1	0	0	0	0	3	36	0	0	28	
MISSOURI	29	10	0	7	0	5	0	0	1	26	0	0	22	
NEW HAMPSHIRE	77	1	0	0	0	0	0	0	0	23	0	0	67	
NEW JERSEY	321	56	0	42	37	159	0	0	29	116	113	0	4	104
NEW YORK	46	7	0	5	0	0	0	0	0	9	0	0	1	9
NEW YORK	315	199	13	113	50	112	0	0	5	283	293	0	0	293
NORTH CAROLINA	58	19	0	7	5	15	0	0	0	20	0	0	1	19
NORTH DAKOTA	9	0	0	0	0	0	0	0	0	9	0	0	9	
OKLAHOMA	233	46	0	33	6	36	0	0	0	48	154	0	0	139
OREGON	55	4	0	3	0	4	0	0	0	3	32	0	0	32
PENNSYLVANIA	68	28	0	23	0	4	0	0	1	3	47	0	0	39
PENNSYLVANIA	301	55	0	56	13	70	0	0	32	67	191	0	0	173
PENNSYLVANIA	87	3	0	1	0	0	0	0	1	6	38	0	0	38
SOUTH CAROLINA	20	11	0	11	1	3	0	0	0	3	15	0	0	15
SOUTH DAKOTA	2	0	0	0	0	0	0	0	0	2	0	0	0	2
TEXAS	228	65	0	55	1	0	0	0	0	7	0	0	0	7
UTAH	52	5	0	3	0	0	0	0	0	32	0	0	0	32
VERMONT	49	9	0	8	0	1	0	0	0	2	37	0	0	37
VERMONT	29	7	0	6	0	0	0	0	0	21	0	0	0	21
WASHINGTON	185	36	3	40	0	58	0	0	58	62	0	0	58	58
WEST VIRGINIA	18	5	0	0	0	0	0	0	0	7	0	0	0	7
WISCONSIN	238	41	0	34	0	54	0	0	14	33	184	0	0	128
WYOMING	20	9	0	7	0	0	0	0	0	31	0	0	0	31
GUAM	+	0	0	0	0	0	0	0	0	4	0	0	0	4
Puerto Rico	39	10	0	9	1	5	0	0	0	46	0	0	0	46
Virgin Islands	1	4	0	4	0	1	0	0	0	4	0	0	0	4

NOTE: Numbers where highest credential was not specified are included only in the totals. Therefore state totals may differ from the sum of the parts.

Table 46 -- REGISTERED NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN STATE AND LOCAL AGENCIES,  
BY HIGHSHIP DEGREE OR CREDENTIAL AND PUBLIC HEALTH NURSING PREPARATION, JANUARY 1, 1948

STATE	TOTAL	GRADUATE NURSE			ECCALCULATE			ASSOCIATE DEGREE OR NURSING DIPLOMA					
		PINN PREPARATION			PINN PREPARATION			PINN PREPARATION					
		TOTAL	COM- PLETE	INCOM- PLITE	TOTAL	COM- PLETE	INCOM- PLITE	TOTAL	COM- PLETE	INCOM- PLITE			
TOTAL	42,815	2,970	2,160	176	521	1,483	11,269	1,011	2,271	29,317	2,673	16,177	1,9717
ALABAMA	335	8	7	1	8	64	69	2	2	265	22	152	114
AKAIA	131	9	1	0	1	71	73	1	1	26	13	1	11
ARIZONA	602	78	56	2	5	100	100	11	4	404	36	88	210
ARMENIA	275	4	4	0	0	17	19	1	1	256	27	13	123
CALIFORNIA	4,355	381	312	11	92	2,741	2,931	173	503	13,112	1,977	275	557
COLORADO	603	93	89	3	1	208	261	24	0	225	25	34	140
CONNECTICUT	948	66	10	0	2	232	220	23	5	129	22	225	149
DELAWARE	211	6	6	0	0	13	13	0	0	21	14	16	89
DIST. OF COLUMBIA	282	28	26	2	2	238	128	8	39	277	21	12	128
FLORIDA	8,855	42	37	2	3	273	250	9	32	350	92	124	923
GEORGIA	716	41	38	1	2	111	102	4	9	628	70	113	444
HAWAII	100	1	1	0	0	64	62	3	1	67	91	4	7
IDAHO	117	1	2	0	1	13	24	0	0	12	8	48	1
ILLINOIS	3,919	123	112	6	6	1,518	471	31	59	12,364	97	435	822
INDIANA	738	70	64	4	4	277	263	21	9	491	28	237	224
IRVING	525	14	13	1	1	115	76	11	20	490	26	96	216
KANSAS	1,045	8	7	1	1	66	58	24	25	359	35	113	211
KENTUCKY	447	19	6	0	0	46	46	3	3	311	25	21	202
LAWRENCE	470	9	9	0	0	15	15	3	15	354	40	20	237
MAINE	216	11	13	1	1	23	22	0	0	182	43	58	21
MARYLAND	916	59	56	3	3	266	271	7	26	1,211	72	213	145
MASSACHUSETTS	2,021	126	120	2	2	922	284	29	17	12,544	97	332	664
MISSISSIPPI	3,124	85	79	6	0	1,025	505	49	17	535	63	173	607
MISSOURI	643	61	60	1	1	363	366	15	17	325	63	73	222
MISSOURI STATE	174	8	8	1	1	57	18	1	1	342	2	25	179
MISSOURI	927	31	25	4	2	141	170	26	26	728	23	111	597
MISSOURI	323	8	8	0	1	62	41	1	1	31	16	9	42
MISSOURI	128	4	3	1	1	35	35	18	36	89	7	17	72
MISSOURI	275	12	12	1	1	37	32	1	1	31	18	28	42
NEW HAMPSHIRE	213	7	6	1	1	21	18	2	1	183	8	8	42
NEW JERSEY	2,213	151	121	19	10	845	646	102	48	2,289	204	562	542
NEW JERSEY	475	17	11	3	1	100	86	5	5	179	63	36	93
NEW JERSEY	1,543	56	50	5	0	2394	1761	38	678	2,499	267	498	1,856
NEW MEXICO	342	55	50	5	0	136	132	18	2	634	121	219	344
NEW YORK	85	6	4	1	1	54	52	2	2	43	16	8	43
NEW YORK	1,762	81	60	8	5	454	394	48	75	1,167	57	829	766
NEW YORK	396	11	10	1	1	54	39	48	1	234	26	103	226
NEW YORK	344	22	20	2	1	214	196	12	8	328	31	16	63
PENNSYLVANIA	3,210	176	135	17	21	1,370	977	57	163	6,111	191	605	999
PENNSYLVANIA	288	24	23	17	2	63	59	5	5	1,388	26	57	115
PORTO RICO	441	14	14	1	1	54	48	4	2	771	24	143	124
PORTO RICO	116	6	6	1	1	39	26	6	5	73	12	32	41
PORTO RICO	374	21	19	1	1	98	76	2	14	427	43	29	356
TEXAS	2,117	79	67	21	11	1,147	843	63	132	14,174	337	999	3,997
UTAH	186	11	13	1	1	62	57	2	1	112	16	38	46
VIRGINIA	151	2	2	1	1	77	23	3	1	167	15	29	56
VIRGINIA	977	22	21	1	1	210	193	14	10	557	57	124	496
VIRGINIA	645	70	64	1	1	55	346	19	9	315	36	52	105
WEST VIRGINIA	232	4	4	1	1	27	14	1	1	232	1	10	297
WEST VIRGINIA	696	23	22	4	1	219	204	18	1	91	21	12	123
WYOMING	85	9	9	1	1	35	25	3	2	41	4	8	26
GUAM	33	1	1	1	1	6	2	2	1	28	4	1	28
Puerto Rico	368	6	5	1	1	21	16	10	1	355	20	31	214
VIRGIN ISLANDS	10	0	0	0	0	18	16	1	1	24	1	5	20

NOTE: Nurses whose public health nursing preparation was unknown are included only in the totals. Ratios are calculated from the sum of the parts.

Table A8 -- GRADUATES OF COLLEGIATE BASIC PROGRAMS APPROVED FOR PUBLIC HEALTH NURSING WHO WERE EMPLOYED FOR PUBLIC HEALTH WORK, JANUARY 1, 1961, 1964, 1966, AND 1968

STATE	1961			1964			1966			1968		
	TOTAL	FULL TIME	PART TIME									
<b>TOTAL</b>	<b>1961</b>	<b>1964</b>	<b>1966</b>	<b>1968</b>	<b>1964</b>	<b>1966</b>	<b>1968</b>	<b>1964</b>	<b>1966</b>	<b>1968</b>	<b>1964</b>	<b>1966</b>
ALABAMA	13	12	-	37	37	-	17	16	1	26	27	1
AKLASKA	20	22	-	24	24	-	20	23	-	58	57	1
ARIZONA	12	12	-	64	66	-	82	80	2	58	57	2
ARMENIA	8	4	-	13	13	-	11	12	-	-	-	-
CALIFORNIA	446	422	5	598	598	12	166	153	21	1808	943	35
COLORADO	95	85	-	135	145	4	147	134	9	396	169	37
CONNECTICUT	93	93	3	284	288	26	190	178	25	181	166	41
DELAWARE	1	1	-	3	3	-	15	13	-	15	13	1
DIST. OF COLUMBIA	56	55	1	70	72	-	50	50	-	215	156	5
FLORIDA	36	36	-	83	88	-	120	126	2	316	122	6
GEORGIA	20	20	1	21	21	-	21	19	1	48	50	4
HAWAII	3	3	-	13	13	-	12	12	-	46	43	1
IDAHO	-	-	-	3	1	-	16	18	2	27	13	1
ILLINOIS	59	59	-	65	64	-	145	142	7	342	133	32
INDIANA	15	15	-	26	24	-	29	26	3	97	36	9
ICHORN	17	13	-	57	56	1	38	39	6	69	50	8
KANSAS	4	4	-	20	20	-	22	22	-	43	21	1
KENTUCKY	7	7	-	13	13	-	28	26	2	57	27	1
LOUISIANA	18	16	-	22	21	-	51	51	-	48	26	1
MARYLAND	70	71	1	95	93	2	116	110	6	312	149	16
MASSACHUSETTS	83	80	-	218	214	4	226	216	10	718	349	15
MISSOURI	45	45	-	29	29	-	141	141	7	269	132	32
MINNESOTA	149	150	-	151	153	-	362	353	21	579	282	21
MISSISSIPPI	-	-	-	42	42	-	3	3	-	8	8	-
MISSOURI	19	18	1	36	33	3	48	48	6	40	36	3
MONTANA	1	1	-	8	8	-	16	15	2	15	12	1
NEBRASKA	2	2	-	11	11	-	19	19	1	26	21	1
NEW HAMPSHIRE	18	16	-	23	23	-	23	24	1	36	21	6
NEW JERSEY	68	68	-	76	69	2	137	134	13	269	330	26
NEW MEXICO	1	1	-	4	5	-	29	26	3	40	36	4
NEW YORK	355	348	9	505	496	9	643	631	52	726	639	79
NORTH CAROLINA	81	81	-	127	126	1	45	45	-	180	96	5
NUV. MEXICO	1	1	-	5	5	-	4	4	-	9	3	-
OHIO	109	116	4	304	298	14	311	312	6	346	210	29
OKLAHOMA	40	37	-	52	51	-	32	31	2	45	33	9
OREGON	7	7	-	26	26	-	308	307	32	41	28	3
PENNSYLVANIA	137	135	42	318	318	18	154	141	13	375	153	20
RHODE ISLAND	15	15	-	39	39	-	19	18	3	38	24	3
SOUTH CAROLINA	4	4	-	18	19	-	16	16	-	34	27	3
TEXAS	107	107	-	140	138	-	19	19	-	174	124	1
UTAH	63	62	-	65	64	-	38	37	1	47	20	3
VERMONT	12	12	-	9	9	-	12	11	1	19	13	4
VERMONT	47	47	-	58	59	-	302	297	1	440	224	1
WASHINGTON	69	69	-	70	77	-	342	332	15	519	244	24
WEST VIRGINIA	2	2	-	1	1	-	2	2	-	9	8	1
WISCONSIN	38	33	3	64	55	9	69	55	15	123	59	15
WYOMING	11	9	-	9	7	-	13	9	4	31	21	7
GUAM	-	-	-	-	-	-	2	2	-	1	1	-
PuERTO RICO	-	-	-	3	3	-	4	4	-	32	12	-
VIRGIN ISLANDS	-	-	-	-	-	-	4	4	-	-	-	-

Table 50 -- REGISTERED NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN STATE AND LOCAL AGENCIES,  
BY HIGHEST DEGREE OR CREDENTIAL, AND NUMBER WITH EARNED CREDIT BEYOND THIS CREDENTIAL, JANUARY 1, 1948

STATE	TOTAL		GRADUATE DEGREE		BACHELOR'S		ASSOCIATE DEGREE		NURSING DIPLOMA	
	TOTAL	WITH ADDITIONAL CREDIT	TOTAL	WITH ADDITIONAL CREDIT	TOTAL	WITH ADDITIONAL CREDIT	TOTAL	WITH ADDITIONAL CREDIT	TOTAL	WITH ADDITIONAL CREDIT
TOTAL	4,279	1,516	2,781	457	1,495	5136	314	139	29443	13450
ALABAMA	350	215	2	3	6	18	1	1	285	355
ALASKA	117	50	10	3	71	21	1	1	25	20
ARIZONA	872	273	96	19	134	59	4	3	426	194
ARKANSAS	271	111	4	4	17	1	1	1	254	13
CALIFORNIA	4,635	526	382	4	2943	327	1	1	3684	178
COLORADO	603	292	9	36	258	162	1	1	219	99
CONNECTICUT	951	351	85	24	52	22	3	1	417	337
DELAWARE	217	167	1	1	36	8	1	1	181	153
DIST. OF COLUMBIA	383	328	28	6	156	39	4	2	193	42
FLORIDA	1053	472	42	11	212	76	15	8	729	379
GEORGIA	780	297	41	2	331	13	8	2	428	332
HAWAII	153	96	7	26	42	1	1	1	82	52
IDAHO	137	86	1	1	75	14	1	1	83	41
ILLINOIS	1,139	1,098	125	84	346	265	5	2	1,231	744
INDIANA	838	496	70	26	277	168	12	11	479	245
IOWA	531	253	14	9	318	41	5	2	291	366
KANSAS	462	234	9	5	42	10	5	4	316	225
KENTUCKY	1,073	129	19	3	46	16	6	3	347	177
Louisiana	470	180	9	5	62	26	1	1	345	129
Maine	216	129	11	3	29	11	1	1	283	111
MARYLAND	958	607	98	19	266	56	5	2	826	332
MASSACHUSETTS	1,781	977	116	37	321	65	12	5	1,282	586
MECHIGAN	1,114	443	103	24	448	39	18	4	505	251
MINNESOTA	655	293	67	14	347	30	7	2	299	24
MISSOURI	2,64	25	9	+	17	1	3	1	+	+
MISSISSIPPI	927	353	31	16	161	46	4	4	784	257
MISSOURI	221	95	1	2	22	37	2	1	44	28
NEBRASKA	183	97	4	1	61	49	1	1	93	47
NEVADA	31	66	13	11	47	23	1	1	51	34
NEW HAMPSHIRE	211	172	7	1	21	7	1	1	187	129
NEW JERSEY	2,213	1,271	133	60	665	303	16	13	3,043	987
NEW MEXICO	287	172	1	6	105	35	+	+	136	131
NEW YORK	5,503	3,247	584	241	2,954	1,723	54	26	2,443	1,856
North Carolina	802	426	39	13	124	19	3	2	640	24
North Dakota	81	39	4	1	16	7	1	1	43	23
OHIO	1,765	600	61	29	454	128	2	1	1,164	321
Oklahoma	390	229	33	1	24	33	2	1	327	166
OREGON	386	195	22	7	214	104	2	1	329	66
PENNSYLVANIA	3,218	2,779	175	42	1,293	623	17	6	3,728	1,932
RHODE ISLAND	285	169	76	7	67	22	1	1	197	130
SOUTH CAROLINA	441	230	16	9	54	37	4	+	367	203
SOUTH DAKOTA	116	62	6	1	38	34	2	1	76	69
TEXAS	256	150	21	1	19	31	2	1	438	177
UTAH	213	104	71	46	557	265	41	18	1,370	227
VIRGINIA	386	97	11	3	63	24	3	1	189	65
VERMONT	211	71	2	1	27	24	+	+	102	44
Virginia	407	270	32	7	218	29	6	+	545	194
WASHINGTON	663	352	38	20	526	389	2	2	237	121
WEST VIRGINIA	282	63	4	1	24	7	1	1	235	56
WISCONSIN	652	382	22	4	294	56	1	1	466	323
Wyoming	81	41	9	1	31	12	1	1	46	25
GUAM	31	7	1	+	6	+	+	+	26	7
Puerto Rico	360	94	6	1	26	18	+	+	385	69
Virgin Islands	50	17	8	2	16	5	+	+	25	7

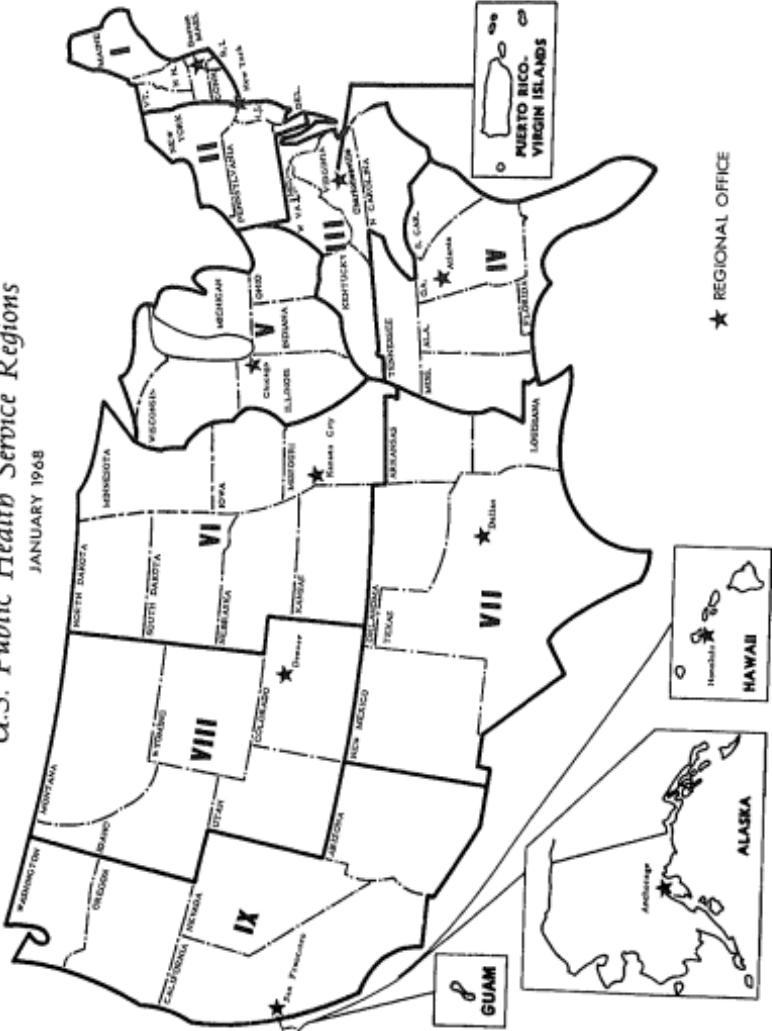


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- (7) See (1)
- (8) *College Education: Key to a Professional Career in Nursing*. National League for Nursing, Department of Baccalaureate and Higher Degree Programs. New York, The League. 1967.
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*U.S. Public Health Service Regions*

JANUARY 1968



DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
DIVISION OF NURSINGForm Approved  
Budget Bureau No. 48-8690

## INFORMATION ON NURSES EMPLOYED IN PUBLIC HEALTH

01-10		AS OF JANUARY 1, 1968		AS OF MARCH 31, 1968			
SECTION I IDENTIFYING INFORMATION		PREVIOUS PAY	TITLE	1	2	3	4
2 AGENCY NAME		ADDRESS (Street No.) OR MAIL ADDRESS		CITY AND STATE			
3 LIST STAFFED AND UNSTAFFED LOCATIONS		STATE	ZIP CODE	51. STAFFED	52. UNSTAFFED	53. STAFFED	54. UNSTAFFED

21-24	2 TYPE OF AGENCY	Check only one state number and specify where indicated:
	3 STATE	4 TITLE
26	26. Health Department	27. Health Department
28	28. Other staffed (Specify):	29. Other staffed (Specify):
30	32. Other staffed (Specify):	33. Other non-staffed (Specify):
31	34. Staffed (Specify):	35. Non-staffed (Specify):
32	36. Board of education or school district	

33	37. Does agency offer nurses care of the sick at home program? Check only one number that applies: 1. Yes 2. No
34	38. If "Yes" complete appropriate compatibility form and attach.

## SECTION II - PERSONNEL DATA

A HIERARCHICAL DATA		B PERSON		C EDUCATIONAL PREPARATION				EDUCATIONAL RECORDS	
HIERARCHY NUMBER	YEAR BORN	RELATIVE STATUS	EMPLOYEE NUMBER	TITLE OR POSITION	EDUCATIONAL PROGRAM COMPLETED	DATE OF PREPARATION	HIGHEST DEGREE OR CERTIFICATE	EDUCATIONAL RECORDS	
NAME	1. Single 2. Married 3. Divorced 4. Separated 5. Widowed	1. Single 2. Married 3. Divorced 4. Separated 5. Widowed	1. Full-time 2. Part-time 3. Other	46. Director or Chief, State 47. Headed Division 48. Headed Bureau 49. Specialized Consultant 50. Deputy Head 51. Supervisor 52. Supervisor (Specify) 53. Supervisor or Head of Open Nurses 54. Head Nurse 55. Assistant Nurse 56. Other 57. Director or Chief, Local 58. Director or Chief, Branch 59. Director or Chief, Office 60. Other (Specify)	46. Practical Nursing 47. Diploma 48. Associate Degree 49. Bachelor's Degree 50. Graduate Program 51. Postgraduate Program 52. Internship 53. Fellowship 54. Residency 55. Practice 56. Other 57. Doctorate 58. Doctorate (Specify) 59. Other (Specify)	1. Diploma 2. Associate Degree 3. None 4. Bachelor's Degree 5. Master's Degree 6. Doctorate 7. Doctorate (Specify) 8. Other (Specify)	1. No 2. Yes		
NUMBER	20. 1968	21. 1967	22. 1966	23. 1965	24. 1964	25. 1963	26. 1962	27. 1961	

28. COMBINE RATES: 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60.

Page \_\_\_\_\_ of \_\_\_\_\_ Page (Please use additional form if necessary)

INSTRUCTIONS TO COMPLETED FORMS: See last line of instructions



DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Division of Nursing  
INFORMATION ON NURSES EMPLOYED IN PUBLIC HEALTH  
As of January 1, 1968

INSTRUCTIONS

Each form is arranged in quadruplicate, i.e., an original with three duplicates which require no carbon paper.

Each agency which administers a public health nursing service or research program should complete a quadruplicate form. Agencies having more than 20 nurses should use as many forms as are needed to list all nurses employed.

Dates are to be entered as of January 1, 1968.

SECTION I. IDENTIFYING INFORMATION

On the first line, enter the name and official title of the person responsible for preparing the form for the agency.

A. AGENCY NAME:

Official name of the agency administering the nursing service.

Address of main office: give street address

City and County: location of main office

If agency covers counties or areas other than those identified in its name and address, list.

State, Zip Code, Date prepared: self-explanatory

FHS Region: will be filled in by Office of the State Director

B. TYPE OF AGENCY:

Using the following definitions, circle the code number which identifies the type of agency providing service.

STATE

01. (State) Health Department: A health agency supported by tax funds and administered by a unit of State government.

NOTE: When the State Health Department or other State agency assigns nurses to work in a county or area which has no organized local agency, the State should complete two separate forms, one listing the nurses working at headquarters with code (01) circled for type of agency if a State Health Department; on the second form, list those assigned to the local areas, circle code (12) for type of agency and enter "local areas" in the space provided for "specify".

If the State nurses are assigned to a local agency in an area, the local agency enters these names.

02. Other official (State): An official agency other than the State Health Department, supported by tax funds and administered by a unit of State government, e.g., State Welfare Dept., State Mental Health Commission, etc. Specify the type of agency. See NOTE under O1 (State Health Department) for listing State-employed nurses assigned to local areas or agencies.

03. Nonofficial (State): Voluntary agency such as the State Tuberculosis Association, Junior League, Red Cross, etc.

LOCAL: A multi-county district or unit serving more than one health jurisdiction is considered to be one agency. Enter agency name and list health jurisdictions covered in the appropriate space.

11. (Local) Health Department: A health agency supported primarily by tax funds, administered by a county, city or other local unit of government, and having as major responsibilities prevention and control of disease, and community education. It may or may not offer nursing care of the sick at home.

12. Other (local) official: An organization, excluding health departments and boards of education, set up to carry on community health activities in which administrative authority stems from a body elected by the voters and for which support comes primarily from tax sources. Specify the type of agency.

NOTE 1: As indicated in the "NOTE" under State Health Department the State agency which assigns nurses to local areas without an organized local agency will fill out a separate form listing these State nurses and circling code 13.

NOTE 2: Other official agencies also include the public health nursing service supplied by one or more nurses employed by a Board of Supervisors or a City Council (not a Board of Education).

13. Visiting nurse service: A voluntary (nonofficial) agency administered by a citizen's group, and usually financed by earnings and contributions, community chest, and united funds, which has as one of its primary functions the care of the sick at home.

14. Other (local) nonofficial: A voluntary agency other than Visiting Nurse Association, e.g., a local tuberculosis association, junior league, religious group, etc. Specify the type of agency.

15. Combination service: Program administered jointly by a voluntary and official agency, supported by tax funds, community chest and united funds, earnings and contributions, in which preventive and therapeutic services are rendered by a single staff of nurses. Include in this group integrated or consolidated agencies.

16. Other home care program: Program administered by agency other than an official agency, visiting nurse association, combination service, in which nurses are employed to provide nursing care to patients in the home. Include only organized home care programs, such as group practice, hospital-based, industrial and other home care programs. Specify the type of program.

17. Board of education A board of education or school system, school district, public school or parochial school which employs its own nurses.

C. DOES AGENCY OFFER A NURSING CARE OF THE SICK AT HOME PROGRAM?  
Circle code 1 if "Yes", code 2 if "No".

Every agency which offers an organized program of nursing care of the sick at home should complete the appropriate form entitled "Availability of Programs of Nursing Care of the Sick at Home" and attach it to the Census form(s) for the agency.

SECTION III. PERSONNEL DATA

The agency administering the nursing service will list each nurse only once regardless of whether she receives salary from multiple sources and/or serves other agencies.

Local agencies to which federal or State nurses are assigned will list these nurses regardless of the sources of their salaries.

State nurses assigned to local areas without an organized agency will be listed by the State on a separate form as indicated in Section I-8 above.

Agencies which purchase nursing service from another agency:

Do not list nurses rendering such service.

Agencies which supply nursing service to another agency:

List nurses rendering the service.

Agencies employing nurses for special projects in public health:

List the nurses assigned to the projects.

Do not list:

Nurses on educational leave on January 1, 1968.

Students receiving their field experience with the agency.

Enter an appropriate code in each column for each professional and licensed practical nurse listed. If information is not known, place a dash in the column to show that the item has not been overlooked. Enter dashes also for those items which do not require specification. Use as many additional forms as are necessary to list all nurses in the agency.

A. BIOGRAPHICAL DATA:

Identification: List name of each nurse or the number assigned by the agency. The Division of Nursing, Public Health Service, will not publish the name or assigned number of any individual.

Year of birth: Enter the last two digits of the year of birth.

Marital status: Enter the code number shown on the form for the appropriate marital status of the individual.

B. POSITIONS:

Employment status: Enter code 1 in this column if the employee works full time, i.e., is a regular employee working 35 hours or more, or whatever is accepted by the agency as a work week. Enter code 2 in this column if the individual works less than the number of hours the agency accepts as a work week.

**NOTE:** Duplicate counts should be avoided as much as possible. However, if a nurse works part time for one agency, and part time for an agency under different administrative direction, she will be listed by both agencies as a part-time employee.

**Title or function:** Enter the appropriate code for the level or area to which the nurse devotes more than 50 percent of her time. If titles or positions in the agency do not conform to those in the column heading, enter the proper code for each nurse performing the function, regardless of title.

It is recognized that few positions can be classified as 100 percent administration, consultation, supervision, etc. Where there is a question as to how a nurse should be classified, the judgment of the Director of Nursing will be accepted.

NOTE that codes 04, 06, and 41 require specification; for all other codes in this column enter a dash in the column headed "Specify for".

- 01. Director or educational director self-explanatory
- 02. Assistant director: self-explanatory
- 03. Generalized consultant: self-explanatory
- 04. If nurse is a specialized consultant enter 04 in the appropriate column and note beside it the specialty (NCH, Cardiac, etc.) If more than one specialty, enter the primary area of responsibility. Do not count hospital or nursing home inspectors who check institutions for licensure unless they provide nursing consultation.
- 05. Supervisor: Include in this code assistant supervisors or senior public health nurses who are performing supervisory functions more than 50 percent of the time.
- 06. Specify type of coordinator, or coordinating function.
- 11. County, city or town nurse: This nurse may work alone or with others. Includes those employed by a Board of Supervisors or a City Council (not a Board of Education).
- 12. Staff nurse: Include public health nurses working at staff level, RNs supplementing the work of the public health nurse, etc. Do not include in this item the staff nurses who spend most of their time in schools or clinics, or licensed practical nurses.
- 13. School nurse: Include only professional nurses.
- 14. Clinic nurse: Include only professional nurses.
- 21. Licensed practical nurse: Include all licensed practical nurses and licensed vocational nurses employed by the agency regardless of their duties.
- 41. Other position: Specify type of position. If a project nurse, identify project or program area.

C. EDUCATIONAL PREPARATION:

Note that the "Basic Nursing Program Completed" and the "Highest Degree or Credential" columns have been reversed from the 1966 form; the items within the columns also have been reversed, and the code numbers changed for easy identification.

Basic nursing program completed: Enter code for type of initial or basic program in which nursing preparation was first completed and specify year obtained.

- 01. Practical nursing: self-explanatory
- 02. Nursing diploma: self-explanatory
- 03. Associate degree: nursing program only
- 11. Baccalaureate approved for public health: Basic collegiate program approved by the National League for Nursing for preparation of nurses for beginning positions in public health. This approval was begun in 1952.
- 12. Baccalaureate not approved for public health: Program not approved by the NLN.
- 13. Baccalaureate-other: Baccalaureate nursing program completed before NLN began accreditation.
- 21. Basic Master's: Basic nursing program leading to an MS degree.
- 41. Other: Specify, e.g., graduation in a foreign country whose certification is different from U.S. terminology.

Public health nursing preparation: Public health nursing preparation is counted only if it was obtained in, or accepted by, a program approved by the National League for Nursing for the preparation of students for beginning PHN positions.

- 1. Complete: Nurse has a public health certificate, or has completed a baccalaureate program approved for public health nursing, or has at any time completed the required hours of credit in, or accepted by a program approved by the NLN.
- 2. Incomplete: Nurse has some but less than the required number of college credits in a program approved for public health nursing.
- 3. None: Nurse has no preparation in a program approved for public health nursing.

Highest degree or credential: Code the highest level of preparation, whether it was attained before or after the basic nursing program. Specify year obtained. If the nurse has not completed preparation in addition to her basic nursing this column will have the same codes as the basic nursing program column.

- 01. Practical (or vocational) nurse certificate: self-explanatory
- 02. Nursing diplomas: self-explanatory
- 03. Associate degree: self-explanatory

11. Baccalaureate-nursing: Applies to a degree specified as in nursing or any degree with a nursing major.
12. Baccalaureate-nonnursing: A baccalaureate in any field other than nursing.
21. Master's-nursing: Applies to a master's degree in public health as well as a master's with a major in nursing, e.g., MA, MS, MPH.
22. Master's-nonnursing: A master's in any field other than nursing.
23. Doctorate-nursing: See Master's-nursing
24. Doctorate-nonnursing: See Master's-nonnursing
41. Other: Specify other degree or credential if it is the highest level attained.

Credit earned beyond highest credential:

1. Yes: Nurse has earned credit toward a degree or credential higher than that coded in previous column.
2. No: No additional credit has been earned.

Page \_\_\_\_ of \_\_\_\_ pages.

If all nurses in an agency have been reported on one form, enter at the foot of the form: Page 1 of 1 (pages).

If additional forms are needed to list the nurses, enter page number in consecutive order in the first blank and the total pages in the second blank, e.g., page 2 of 6 pages, page 3 of 6 pages, etc.

If more than one form is used, only the name and address of the agency are needed to identify the second and subsequent forms.

Disposition of completed forms:

- 1). Agency sends the original and 2 carbons of the form(s) to the State Director of Nursing and retains the other carbon.
- 2). State Director checks the information, enters RHS Region, and forwards only the originals to the Division of Nursing, RHS, one carbon to the Regional Nursing Director, and retains the other carbon.

